Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning JUL 1, 2018 and	ل ending	<u>UN 30, 2019</u>	
B c	Check if	C Name of organization		D Employer identific	cation number
	Addres	Southwest Nonprofit Housing Corporation	on		
	Name change			_ 74-2	564576
	Initial return	Number and street (or P.O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/		101	520-	327-4981
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,646,572.
느	Ameno	Tucson, AZ 83719		H(a) Is this a group re	
L	Application pendin	F Name and address of principal officer E. Glegory Moore		for subordinates	
		same as C above		H(b) Are all subordinates in	
_		mpt status 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1)	or 527	1 '	list (see instructions)
		e: ► N/A organization: X Corporation Trust Association Other ►	I Voor	H(c) Group exemption	State of legal domicile: AZ
	art I	Summary	L TCai	or formation. 1990; is	Otate of legal dofficite 2123
		Briefly describe the organization's mission or most significant activities Low	income	housing	
Activities & Governance	•	<u>==::-</u>			
rna	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	2
<u>ن</u> م	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	2
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0 2
Σįξ	6	Total number of volunteers (estimate if necessary)		6	
Act		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (E), Inc. 12 ECEIVE	D 7	<u>7a</u>	0.
	b	Net unrelated business taxable income from Form 990-T to 38	79 91	7b	0.
		Contributions and grants (Part VIII, line 1h)	RS-OSC	Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)	575,000.	1,625,000.	
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	, 	16,517.	0.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<171,576.	
	i .	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		419,941.	1,646,572.
	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
υ	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	3,318.	49,132.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	3,318.	49,132.
. 10	19	Revenue less expenses Subtract line 18 from line 12		416,623.	1,597,440.
let Assets or und Balances			Ве	ginning of Current Year	End of Year
Sse	20	Total assets (Part X, line 16)	-	583,614. 376,657.	2,151,054. 346,657.
Fet/	21	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20		206,957.	1,804,397.
	22 art II	Signature Block		200,5574	1,004,337.
		ties of pecuary, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowlodgo and boliof, it is
		t, and complete/Declaration of peparer (other than officer) is based on all information of wi			·
		I lug Were		11/23/	19
Sıgı	n	Signature of officer		Date	•
Her		E. Gregory Moore, President			
		Type or print name and title	17		
		Print/Type preparer's name Preparer's signature		Date Check Check C	PTIN
Paid	- 1	Carla J. Keegan	_	Sell-entploye	
	arer	Firm's name Keegan, Linscott & Kenon, P.C.	115	Firm's EIN	86-0750225
use	Only	Firm's address 3443 N. Campbell Avenue, Suite	ттэ	Phone no 5.2	0-884-0176
	, tha !"	Tucson, AZ 85719		[FIIOHE 110. 3 Z	X Yes No
	/ the II- 01 12-3	IS discuss this return with the preparer shown above? (see instructions)	ons.		Form 990 (2018)
மூட்ப	UI 12-3	III — L. III . I DI FADEI WOIR I IEUGOGOTI MOLITOLIOGE SCO GIO SOPRIALE INSULACIO			

Form	990 (2018) Southwest Nonprofit Housing Corporation 74-2564576 Page 2
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
	Promotion of social welfare by fostering the construction and
	operation of low income housing for the relief of the poor, distressed
	and underprivileged.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$
70	Rennovation and sales of low-income housing properties
	Memovacion and baieb of fow income nousing propercies
4b	(Code) (Expenses \$) (Revenue \$)
4c	(Code) (Expenses \$
40	(Code) / (cxheirses \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses
	Form 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		۱,,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		\ .
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7_		<u> X</u>
8	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
3	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			<u> </u>
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
. •	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		Х
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		<u>X</u>
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_	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	,			37
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		v
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		X
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_x_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18_		_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	امرا		v
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u>X</u>
D 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
- •	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	<u> </u>			

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a_		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<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?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	_		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			3.5
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		A
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
00	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
34	Part V, line 1	34	х	
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		
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 in Schedule O for Part VI, lines 11b and 19?	_		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
00000	4 40 04 40	Form	990	(2018)

O18) Southwest Nonprofit Housing Corporation
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
þ	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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			_
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	⁻	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12]	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		ĺ	,
11	Section 501(c)(12) organizations. Enter			i j
а	Gross income from members or shareholders			
b	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 12b		Ī] 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			ļ
b	Enter the amount of reserves the organization is required to maintain by the states in which the			i
	organization is licensed to issue qualified health plans			i
С	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	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?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	T		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			
		Form	990 (2018)

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 2						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
h	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
2	officer, director, trustee, or key employee?	2	x	- •			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0					
/ a	more members of the governing body?	7a		Х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		Λ			
D	persons other than the governing body?	76		Х			
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b					
8		0-	X				
_	The governing body? Each committee with sutherity to get an hehalf of the governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		v			
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		.,				
	Databas assessment a basel about a basel about a secretical assessment and the secretical assessment as a secretical as a secretical assessment as a secretical as a secretical assessment as a secretical assessment as a secretical as		Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b					
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			**			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> X</u>			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	_					
	in Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13		<u>X</u>			
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-				
	The organization's CEO, Executive Director, or top management official	15a		<u> </u>			
b	Other officers or key employees of the organization	15b		<u> </u>			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			,			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	_]	-	37			
	taxable entity during the year?	16a		<u> </u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	-		- '			
`	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed None						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avaıla	DIE			
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website W Upon request Other (explain in Schedule O)	_					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tınand	cial				
	statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	The Corporation's Attorney - 520-327-4981						
	2455 E. Speedway Blvd. #104, Tucson, AZ 85719		000				
32006	12-31-18	Form	990 (20181			

Form 990 (2018)	Southwest	Nonprofit	Housing	Corporation	74-2564576	Page
Part VII Compensation	n of Officers, Di	rectors, Trustee	es, Key Emp	loyees, Highest Com	pensated	
Employees, a	nd Independent	Contractors				

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

Section A.	Officers	Directors	Tructone	Ko	, Emplo	1000	and His	toods	Cami	nancatac	Employ	100¢
Section A.	Onicers,	Directors,	Trustees	, ne	/ Emplo	yees,	, and mig	mest	COIII	pensaled	i Employ	/662

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
Traine and This	hours per week	box	, unle	ss pe	rson	than is bot or/trus	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) E. Gregory Moore	0.50									•
President (2) Patricia M. Moore	0.50	Х		X				0.	0.	0
Secretary/Treasurer	0.50	х		х				0.	0.	0
										_
	-									
								,		
	-									_
										
				_						- · · · · ·
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			_	-						_

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Form 990 (2018)

0.

21,572.

All other revenue

Total, Add lines 11a-11d

Total revenue See instructions

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 resport not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	70.0.00,000	expenses	general expenses	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				
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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	14.060		14 062	
b	ľ	14,863.		14,863.	
С	Accounting	19,794.		19,794.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g		7 207		7 207	
	column (A) amount, list line 11g expenses on Sch 0.)	7,207.	<u> </u>	7,207.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				<u> </u>
15	Royalties				
16	Occupancy	2,355.		2,355.	·. •
17	Travel	۷,355.		2,333.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	, , , , , , , , , , , , , , , , , , , ,		·		
19 20	Conferences, conventions, and meetings Interest				
	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	- :-			
23	Insurance				
23 24	Other expenses, Itemize expenses not covered	.	i F. j		
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e exponsos on Schodulo 0.)				
9	Continuing Education	3,315.		3,315.	
h	Miscellaneous	748.		748.	
c	Fees	520.		520.	<u>-</u>
q	Memberships	330.		330.	
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	49,132.	0.	49,132.	0.
26	Joint costs. Complete this line only if the organization				<u></u>
	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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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		,	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	31,614.	_1	40,779.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	····
	5	Loans and other receivables from current and former officers, directors,	- · · · ·		
		trustees, key employees, and highest compensated employees. Complete			_
		Part II of Schedule L		5	-
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(D), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	* m, * m.
Assets	7	Notes and loans receivable, net	0.	7	35,000.
As	8	Inventories for sale or use	·	8	
	9	Prepaid expenses and deferred charges		9	
	_	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b]	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	2,000.	12	10,275.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	550,000.	15	2,065,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	583,614.	16	2,151,054.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	_	21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Ě		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	376,657.	24	346,657.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	256 655	25	246 655
	26	Total liabilities. Add lines 17 through 25	376,657.	26	346,657.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
es		complete lines 27 through 29, and lines 33 and 34.			• •
auc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets	<u></u>	28	
pu	29	Permanently restricted net assets		29	
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here ► X			
ŏ		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds	0.	30	0. 0.
Asi	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	206,957. 206,957.	32	1,804,397.
_	33	Total net assets or fund balances	583,614.	33	1,804,397. 2,151,054.
	34	Total liabilities and net assets/fund balances	J <u>03,014.</u>	34_	Z, 131, 034.

_	Courthwest Normatit Housing Corneration	71-2	564576	Do	19
_	1990 (2018) Southwest Nonprofit Housing Corporation rt XI Reconciliation of Net Assets	<u> </u>	304370	Pag	ge 12
Га					
	Check if Schedule O contains a response or note to any line in this Part XI				
	Total revenue (must equal Part VIII, column (A), line 12)	1	1,646	5 5	72
1	Total expenses (must equal Part IX, column (A), line 25)	2			32.
2	Revenue less expenses Subtract line 2 from line 1	3	1,597		
3	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			57.
4	Net unrealized gains (losses) on investments	5		, , ,	5 / •
5	Donated services and use of facilities	6			
6		7			
7	Investment expenses	-			
8	Prior period adjustments	9			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	40	1,804	1 2	0.7
Pa	column (B)) rt XII Financial Statements and Reporting	10	1,004	±,,	31.
Га					
	Check if Schedule O contains a response or note to any line in this Part XII	-		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_ 🗂	163	140
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	-		-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			İ
	separate basis, consolidated basis, or both				!
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		X
h	If "Yes " did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	1 1		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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SCHEDULE D

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 Open to Public

Inspection

Employer identification number Name of the organization Southwest Nonprofit Housing Corporation 74-2564576

Pa	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Ii	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	rt IV, line 7
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply)	
	Preservation of land for public use (e g , recreation or	education) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified 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
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and emorcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing concentation	n accoments during the year
7	S	diling of violations, and emorcing conservation	in easements during the year
8	Does each conservation easement reported on line 2(d) abo	ve eatisfy the requirements of section 170(b)	(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17 o(n)	Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense st	
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Forr		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that described	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
<u>b</u>	Assets included in Form 990, Part X		 \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

	dule D (Form 990) 2018 Southwe	st Nonprof						_	_	Page 2
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	t are a sig	nıfıcant	use of its	collection	items
	(check all that apply)			-						
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	ė		Other	3 , 3					
c	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explai	n how ti	nev further t	he organizatii	on's exem	nt nurn	ose in Par	t XIII	
5	During the year, did the organization solicit of	-		•	_			a.	. ,	
3	to be sold to raise funds rather than to be m					or sirrinar e	233013		Yes	☐ No
Par	t IV Escrow and Custodial Arran					"Voo" on E	orm 000) Port IV		INO
I ai	reported an amount on Form 990, Pa	-	ete ii tile	organizatio	ii alisweled	ies oiii	01111 330	J, Fait IV,	iii le 5, 0i	
	_		diani far							
та	Is the organization an agent, trustee, custod	ian or other intermet	Jiary IOI	Contribution	is or other as	sets not ii	icidaea		٦٧	
	on Form 990, Part X?		lla	4 - la 1 -				L	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F						y?	L	_ Yes	∐ No
	If "Yes," explain the arrangement in Part XIII					_				
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo	orm 990, Part					
		(a) Current year	(b) F	rior year	(c) Two year	s back (c) Three y	ears back	(e) Four	years back_
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
С	Temporarily restricted endowment ▶	<u></u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	red for the	organiz	zation		
	by	J					J		[·	Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(II)	
h	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	Schedule R?					3b	-
4	Describe in Part XIII the intended uses of the	•							<u> </u>	
_	t VI Land, Buildings, and Equipm		***************************************		•					
	Complete if the organization answere) Part I\	/ line 11a S	See Form 990	Part X Iu	ne 10			
	Description of property	(a) Cost or o			or other		umulate	ad	(d) Book	value
	Description of property	basis (investr			(other)		eciation	- 1	(u) DOOK	value
	Land	223.5 (354)	,		,	225				
	Buildings Leasehold improvements	-								
	Leasehold improvements									
	Equipment Other	-							•	
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Port	X colur	nn (R) line 1	(OC.)					0.
. otal	. , ida inica ta unough te (column ju) must e	quair onn 330, rail	ry coluir	(<i>U), III U T</i>	· · · /					

Schedule D (Form 990) 2018

	dule D (Form 990) 2018 Southwest Nonprofit Hou		74-2564576 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	· · · · · · · · · · · · · · · · · · ·	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, III	ne 12a	<u> </u>
1	Total revenue, gains, and other support per audited financial statements		_1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1	1 1
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	-
d	Other (Describe in Part XIII) Add lines 2a through 2d		
e	Subtract line 2e from line 1		2e
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3
4	Investment expenses not included on Form 990, Part VIII, line 7b	40	
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	40	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	}	5
	t XII Reconciliation of Expenses per Audited Financial St		
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	· ·	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
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
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5
۰	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		ne 4, Part X, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide a	ny additional information	
	-		
			
	·		
			-
		-	
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) 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 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number 74-2564576 Southwest Nonprofit Housing Corporation Form 990, Part VI, Section A, line 2: Gregory Moore and Patricia Moore are married. Form 990, Part VI, Section B, line 11b: The Form 990 is reviewed by the board of directors before it it filed. Form 990, Part VI, Section C, Line 19: The Organization's governing and related documents are available upon request. Form 990, Part IX, Line 11g, Other Fees: Consulting: Program service expenses 0. Management and general expenses 7,207. Fundraising expenses 0. Total expenses 7,207. Total Other Fees on Form 990, Part IX, line 11q, Col A 7,207.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

U

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection 2018

OMB No 1545-0047

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

Southwest Nonprofit Housing Corporation Name of the organization

Employer identification number 74-2564576

Direct controlling

entity

End-of-year assets **e** Total income ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part I

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

(g) Section 512(b)(13) controlled entity?	No					 		
Section con	Yes				_		_	
(f) Direct controlling entity								
(e) Public charity status (if section	501(c)(3))							
(d) Exempt Code section								
(c) Legal domicile (state or foreign country)								
(b) Primary activity								
(a) Name, address, and EIN of related organization								

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

Schedule R (Form 990) 2018

74-2564576

Page 2

Southwest Nonprofit Housing Corporation Schedule R (Form 990) 2018

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

General or Percentage managing ownership 3 Code V-UBI ceneral or Pamount in box managing c 20 of Schedule Pariner? K-1 (Form 1065) Yes No Disproportionale Yes allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) (d)
| Direct controlling | entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization

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

	(q)	(၁)	(g)	(e)	€	(6)	Ξ	Ξ	_
	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	ર્જ	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	ion (X13) olled ty?
\dashv		country)		O tigat		222213		Yes	Š
			Southwest						
			Nonprofit						
Н	Low income housing	AZ	Housing	C CORP			100,008	×	
Т									
\vdash									
П									
								-	
				_					
Τ									
Τ									

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Schedule R (Form 990) 2018

Page 3

Schedule R (Form 990) 2018 Southwest Nonprofit Housing Corporation

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		-	9 = -	Yes No
	Is with one of more re	elated organizations listed	in Parts II-IV	*
 d. Neception (i) interest, (ii) annumes, (iii) togames, or (iv) tent normal commoned entry b. Giff grant or capital contribution to related organization(s) 	.			
d Loans or loan guarantees to or for related organization(s)				₽ P
e Loans or loan guarantees by related organization(s)				1e
f Dividends from related organization(s)				# X
g Sale of assets to related organization(s)				1g X .
				th X
i Exchange of assets with related organization(s)				÷
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			11 X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			1n X
 Sharing of paid employees with related organization(s) 				10 X
				-
 P Reimbursement paid to related organization(s) for expenses 				1p X
 Reimbursement paid by related organization(s) for expenses 				Tq X
				>
r Other transfer of cash or property for related organization(s)				\$ ×
o Cities transfer of cash of property Horn refered organization (s)				
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete t	his line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	ınvolved
(1)				
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

1 .	e	• I	, 1		l	I	l	ı I	l I
(k)	Usproport COGE V-UBI General or Percentage Usproport amount in box 20 managing ownership allocations? of Schedule K-1 partners ownership Yes No (Form 1065) Yes No								
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(6)	Share of end-of-year assets								
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(e)	501(c)(3) 0.05 Yes No								
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	redominant income par (related, unrelated, excluded from tax under-sections 512-514)								
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(c)	Legal domicile (state or foreign country)								
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1	Name, address, and EIN of entity								
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Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions
Provide additional information to responses to questions on schedule in See instructions
Part IV, Identification of Related Organizations Taxable as Corp or Trust:
Name of Related Organization:
Rio Viejo Corporation, Inc.
Direct Controlling Entity: Southwest Nonprofit Housing Corporation