For Paperwork Reduction Act Notice, see the separate instructions

Form **990** (2019)

200,985 including grants of \$

712,372

(Expenses \$

UPLI CLIKERA MINOLIK H

- 5-1

4e Total program service expenses ▶

17 10 10 514

Form 990 (2019)

254.

**153,167** )

) (Revenue \$

Form 990 (2019) HOUSING SOLUTIONS FOR THE SOUTHWEST, 84-0853925

ABDID L
Page 3

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,"		v	
2	Mail 4: "New 4 and	1 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	^	
·		3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
		4		``X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	$\Box$		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Didathe organization maintain any donor advised funds or any similar funds or accounts for which donors	l		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
`,′ `	" SYès;" Complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	4		
		7	·~.	,X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			7.
_	3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	В		_ <u>X</u>
-	Dighthe 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	9	$\mathbf{x}$	
10	debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<del>'</del> 十	^	
		٥Ì		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			
ъa	Did the organization report an amount for land, buildings, and equipment in Part X, line 102/lf #Yes,"			
		1a	x	
þ.	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	$\neg$	Ì	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1ь ]		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more		٠.	ià
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1c	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			
C	kepoltedஅறு Part X, line 16? If "Yes," complete Schedule D, Part IX	ld	X	
е	Odt the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	le	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
		1f	X	٠
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<b>.</b>	×
L		2a	X	
	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  12	2b	x	
. պ I3		3	2%	x
		ta	411	x
b	- · · · · · · · · · · · · · · · · · · ·			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate	1	"	·
		ь		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	T		
.;	fer any foreign organization? If "Yes," complete Schedule F, Parts II and IV	5		X
6;	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	6		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		4	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	7		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
		8		<u> </u>
9	Did-the-organization report more than \$15,000 of gross income from gaming activities off-Part VIII, line 9a?			v
10-		9	<del>'  </del>	$\frac{\mathbf{x}}{\mathbf{x}}$
20'a		)a )b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<del>"</del>		
21	domestic government on Part IX column (A) line 12 if "Yes" complete Schedule I Parts I and II	,	x	

Hama Canen

_ <u>Pa</u>	art IV Checklist of Required Schedules (continued)		_	
	,		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			
+ 3	organization; current and former officers, directors, trustees, key employees, and highest compensated			
	employees <sup>2</sup> : If "Yes," complete Schedule J	23_		X
<b>24a</b>	Did-the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		, ·	<b>₩</b>
<b>.</b>	through 24d and complete Schedule K. If "No," go to line 25a	24a	<b></b>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		_
	to defease any tax-exempt bonds?	24c		
- :d1	Didittle organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<b></b>	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		<del>                                     </del>
	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 pnor Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Digithe:organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	on former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			125
14 <b>2</b> .	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			36
	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	27	Х	
28	Wasithesorganization a party to a business transaction with one of the following parties (see Schedule L, Part			
	Winstructions, for applicable filing thresholds, conditions, and exceptions)			l
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	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV-11	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Old the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30 *	Oid the Corganization receive contributions of art, historical treasures, or other similar assets, or qualified	-	1	7.7
	Conservation contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? 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 Schedule N, Part II	32	2	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_
ų.	Sections 301/7701-2 and 301 7701-3? If "Yes," complete Schedule R. Part I	33		x
34	Wasather organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1	-	<u>~~</u>
	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-chantable			
<b>ে</b>	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		,	,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
,	Check if Schedule O contains a response or note to any line in this Rart V			Ш
	acresine 30s		Yes	No
≽4a	Enterothe number reported in Box 3 of Form 1096 Enter -0- if not applicable 12 200- 14 36			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
DAA		Fon	m <b>990</b>	(2019)

---

	990 (2019) HOUSING SOLUTIONS FOR THE SOUTHWEST 84-0853925		P	age <b>5</b>
<u>I-Pa</u>	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		•	1 77
and the	413.		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  [2a] 23		V.	I.Y
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<u> </u>	<del></del>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b.∽	If the sense of th	3b		
् <i>ः पर्वतः</i> । 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	35		
	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country	1		
	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	-	X
b.	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter-transaction?	5b		X
3:1ca	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		7.8
<b></b> 26а	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 chantable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		· ·	V
	gifts were not tax deductible?	_6b		<u> </u>
<u>_7</u> _	Organizations that may receive deductible contributions under section 170(c).			
į į̀a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
34	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
a	required to file Form 8282?	7c	**	''
d e	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?	— - <u>;</u> -		:
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		<del></del>
	ু বিষ্ণু বিষ্ণু বিষয়ে বিষয়ে বিষয়ে বিষয়ে বিষয়ে বিষয়ে বি প্রায়ে বিষয়ে বিষয় বিষয়ে বিষয়ে বিষয়	71 7g		
-6h	If the organization received a contribution of cars, boats, airplanes, or other vehicles did the organization file a Form 1098-C?	79 7h		<b></b>
_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	Ţ	1 to 1
9	Sponsoring organizations maintaining donor advised funds.			
a, a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
, 3b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10%	Section/2501(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			
11	Section 501(c)(12) organizations. Enter		w i	<u> </u>
a	Gross income from members or shareholders	<b>⊣</b> i		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1		
427	· · · · · · · · · · · · · · · · · · ·			:
્12 <u>ક</u> ા. ∵61b	#Sections 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year up.	12a '	j	
13	"ff-i'Yes," enter the amount of tax-exempt interest received or accrued during the year.থান 12b section 501(c)(29) qualified nonprofit health insurance issuers.			
. і а	Is the organization licensed to issue qualified health plans in more than one state?	13a	** }	<del></del>
	Note: See the instructions for additional information the organization must report on Schedule O	134		
ي <b>, b</b>	Enter the amount of reserves the organization is required to maintain by the states in which steps.			,
38	the organization is licensed to issue qualified health plans			
10c	Enterche amount of reserves on hand			•
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		<b>17</b>	
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
.16	ાં ક્યાં તે ક્યાં તે ક્યાં કે જાણ કાર્યા કરાયા કરાયા કરાયા કરાયા કરાયા કરાયા કર્યા કરમા કર્યા કરમા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કરમા કર્યા કરમા કર્યા કર્યા કર્યા કર્યા કરમા કર્યા કર્યા કર્યા કરમા કર્યા કરમા કરમા કરમા કરમા કર્યા કરમા કર્યા કરમા કરમા કરમા કરમા કરમા કર્યા કરમા કરમા કરમા કરમા કરમા કરમા કરમા કરમ	16		<u> </u>
	Thes: Complete Form 4720, Schedule O	1	!	
. S.	History.	Fom	990	(2019)
		<b>a</b>	·	
DAA	**. <u>***</u>		~ 1	41

\*\*.<u>\*\*.\*</u>

-coff

the the thousand

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  Yes No  10a 1 Did the organization have local chapters, branches, or affiliates?  If 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?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a X  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  13b Did the organization have a written whistleblower policy?  13c A describes in Schedule O how this was done  13c X  13d Did the organization have a written whistleblower policy?  13d A describes in Schedule O how this was done  15d A describes in Schedule O how this was done  16d A describes in Schedule O how this was done  17d A describes in Schedule O how this was done  18d A describes in Schedule O how this was done  18d A describes in Schedule O how this was done  18d A describes in Schedule O how this was done  18d A describes in Schedule O how this was done  18d A describes in Schedule O how this was done	HSSW 1	1/16/2020 10 32 AM	-	٠	1
Part   Maria   Governance,   Management,   and   Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"	Fa			_	•
Section A. Governing Body and Management  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 there are material differences in voting rights among members of the governing body, or if there are material differences in voting rights among members of the governing body, or if there are material differences in voting rights among members of the governing body, or if there are material differences in voting rights among members of the governing body, or if there are material differences in voting rights among members of the governing body, or if there are material differences in voting rights among members of the governing body, or if there are material differences in voting rights among members of the governing body, or if there are material differences in voting rights among members of the governing body and the organization become are more involved in the voting members included on line 1a, above, who are independently.  2 Did any officer, director, trustee, or key employees  3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 Productive officer, director, trustee, or key employees to a management company or other person?  5 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 X  7 Did the organization have members in stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  6 X  8 Did the organization have members in stockholders, or persons of the display of the persons who had the power to elect or appoint one or more members of the governing body?  7 Did, the organization have the power of a significant diversion of the organization's assets?  8 Did the organization have the power of the persons who had the power			f		age 6
Check if Schedule O contains a response or note to any line in this Part VI  Section A. Governing Body and Management  1 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 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 in the program on Schedule O  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or officer person?  Did the organization become aware during the year of a significant diversion of the organizations, assets?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  Did the organization have members, stockholders?  Did the organization have members or stockholders?  To but the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  To but the organization contemporaneously document the meetings held or written actions undertaken during the year by the following should be proved to the program body?  To but the organization contemporaneously document the meetings held or written actions undertaken during the year by the following should be proved to the program body?  To but the organization contemporaneously document the meetings held or written actions undertaken during the year by the following should be organization contemporaneously document the meetings held or written actions undertaken during the year by the following should be programized to the organization have local chapters, bra					
Section A. Governing Body and Management    Tenter 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 there are material differences in voting rights among members of the governing body, or if there are material differences in voting rights among members of the governing body, or if there are material differences in voting rights among members of the governing body, or if there are material differences in voting rights among members of the governing body, or increase or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?    Dot dive organization delegate control over management duties customarily performed by or under the direct supension of officers, directors, trustees, or key employees to a management company or other person?    Dot dive organization make any significant changes to its governing documents since the prior Form 990 was filed?   Dot dive organization have members or stockholders?   Dot dive organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   Dot dive organization contemporaneously document the meetings held or written actions undertaken during the year by the following at the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at the organization organization and defresses on Schedule O   South the organization have written policies and procedures governing body before filing the form?   Yes   No   Dot the organization have written policies and procedures governing the activities of such chapt	105		e ins	ructic	
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  If the governing body delegated broad authority to an executive committee or similar  If the governing body delegated broad authority to an executive committee or similar  If the governing body delegated broad authority to an executive committee or similar  If the governing body delegated broad authority to an executive committee or similar  If the governing body delegated broad authority to an executive committee or similar  If the governing body delegated broad authority to an executive committee or similar  If the governing body delegated broad authority to an executive committee or similar  If the governing body delegated broad authority to an executive committee or similar  If the governing body delegated broad authority to an executive consistent of the governing body and the organizations assets?  If the governing body delegated control over management duties customanly performed by of under the direct supervisor of fifteen governing body and the organization base and selection of the organization of the organization have members or stockholders or other persons who had the power to elect or appoint one or more members of the governing body?  If the governing body are governing body?  If the governing body are governing body are governing body?  If the governing body are governing body?  If the governing body are governing body are governing body are governing body?  If the governing body are governing body?  If the governing body are governi	Sect				
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 interest and interest policy or interest properties and interest policy or interes	Ject			70 az.	7777
If there are material differences in voting rights among members of the governing body, or the governing body delegated broad authority to an executive committee or similar of the governing body delegated broad authority to an executive committee or similar of the governing body delegated broad authority to an executive committee or similar of the governing body or under the direct of the following members included on line 1a, above, who are independently.  2 Did any officer, director, trustee, or key employees to a management of grain performed by or under the direct of supervision of officers, directors, trustees, or key employees to a management company or other person?  3 X  41 Total 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 organizations, assets?  5 X  6 Did the organization have members of stockholders?  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?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Is there any officer, director, trustee, or key employee listed in Parl VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?  5 It is greatly and officers, directors, trustee, or key employee is the information about policies not required by the Internal Revenue Code).  7 Yes No.  10a **IDid the organization have local chapters, branches, or affiliates?  10a **IDid the organization have local chapters, branches, or affiliates?  10b **IDID	4.			Yes	∤ No
the governing body delegated broad authority to an executive committee or similar for promittee perspin on Schedule O  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management down or other person?  Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3	ıa	· · · · · · · · · · · · · · · · · · ·	┨		*
Did not officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 \$\frac{1}{2}\$ Find the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Qid, the organization become aware during the year of a significant diversion of the organizations, assets?  5 X \$\frac{1}{2}\$ Did the organization have members or stockholders?  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7 A Yes X  8 Did, the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the organization of the organization have because or the organization of the organization have because or the organization of the organization have local chapters, branches, or affiliates?  5 Excitor B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10a You the organization have written policies and procedures governing the activities of such chapters, af					,
2 Did any officer, director, trustee, or key employees have as family relationship or a business relationship with any other officer, director, trustee, or key employees?  3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 STOICH the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4  X S. Did the organization have members or stockholders?  5  X E Did the organization have members or stockholders?  6  X T Did the organization have members or stockholders?  7a Did the organization have members or stockholders?  7b Did the organization have members or stockholders?  7c Did the organization have members or stockholders. Or other persons who had the power to elect or appoint one or more members of the governing body?  7a Ves. X  8b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8c Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10a*Folid the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organizations' severity purposes?  10a X  10a*Folid the organization have written policies and procedures governing body before filing the form?  11a Has the organization have a written policies and procedures governing body before filing the form?  11a Has the organization have a written policies and procedures governing body before filing the form?  11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 mileins'  12c Did the organization regularly and consistently monitor and enforce compliance with the policies?  12d The governing body ended to conflicts?  12d The governing body	سابواني	If the governing body delegated broad authority to an executive committee or similar 一次 通過			
Did any officer, director, frustee, or key employee?  2 X  3 Did the organization delegate control over management duties customanily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 X  4) 3 Told the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 X  5) Optithe organization become aware during the year of a significant diversion of the organizations, assets?  5 Did the organization have members or stockholders?  6 X  7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at the organization of the organization reserved to (or subject to approval by) members.  9 Is there any officer, director, furslee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization with authority to act on behalf of the governing body?  10a Told the organization have local chapters, branches, or affiliates?  10a Told the organization have local chapters, branches, or affiliates?  10a Told 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?  110a Told the organization have written policies and procedures governing body before filing the form?  11a Has the organization have a written policies and procedures governing body before filing the form?  12a X  12b Were officers, d				Í —	٠ ا
any other officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 X X 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-		'
3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 To did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 X S Did the organization become aware during the year of a significant diversion of the organizations, assests?  5 X S Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7					= : t <sup>2</sup>
spervision of officers, directors, trustees, or key employees to a management company or other person?  4 3 1 Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?  5 Did the organization have members or stockholders?  7 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?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Are any governance decisions of the organization contemporaneously document the meetings held or written actions undertaken during the year by the following stockholders, or persons other than the governing body?  8 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)  10a X  10a			2	*2	<u> X</u>
4 X  1 Did the organization become aware during the year of a significant diversion of the organizations, assets?  5 X  6 Did the organization have members or stockholders?  7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at "The organization contemporaneously document the meetings held or written actions undertaken during the year by the following at "The organization contemporaneously document the meetings held or written actions undertaken during the year by the following at "The organization contemporaneously document the meetings held or written actions undertaken during the year by the following at "The organization contemporaneously document the meetings held or written actions undertaken during the year by the following at "The organization document the meetings held or written actions undertaken during the year by the following at "The organization actions are organization and addresses on Schedule O  8	3	Did the organization delegate control over management duties customarily performed by or under the direct			
Did the organization become aware during the year of a significant diversion of the organization's, assets?  Did the organization have members of stockholders?  Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  By Did, the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at a "The governing body?  By It have 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)  Test organization have local chapters, branches, or affiliates?  If the organization have awritten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  The Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members of its governing body before filing the form?  That has the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?  Did the organization requirity and consistently monitor and enforce compliance with the policy? If "Yes,"  Cold the organization have a written whistleblower policy?  The story of the organization have a written whistleblower policy?  The story of the organization have a written whistleblower policy?	<b></b> .	TO A STATE OF THE	3		
b Are any governance decisions of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  7a Yes IX  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7b I Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7b I Are any governing body?  8a I X  8b I X  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10a I Did the organization have local chapters, branches, or affiliates?  10a I Did the organization have local chapters, branches, or affiliates?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a X  12a X  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?  12b X  12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  25d Section B, Policies (This Section B) and the policies of trustees and key employees required to disclose annually interests that could give use to conflicts?  12b X  12c X  13b Did the organization have a written whistleblower policy?  13c Section B, Policies of the organization have a written conflict of interest policy?  13c Section B, Policies of the organization have a written conflict of interest policy?  13c Section B, Policies of the organization have a written conflict of			4		
Ta 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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following as 'The igoverning body?  8a X  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10a TDd the organization have local chapters, branches, or affiliates?  10a TDd 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?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12b Describe in Schedule O the process, if any, used by the organization to review this Form 990 to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?  12b X  12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  25d describes Schedule O how this was done  12c X  13d Did the organization have a written whistleblower policy?  13d Schedule O from this was done	5,	Did the organization become aware during the year of a significant diversion of the organization's, assets?	5		
one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  B. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following as "The governing body?  B. Each committee with authority to act on behalf of the governing body?  B. Each committee with authority to act on behalf of the governing body?  B. Each committee with authority to act on behalf of the governing body?  B. Each committee with authority to act on behalf of the governing body?  B. Each committee with authority to act on behalf of the governing body?  B. Each committee with authority to act on behalf of the governing body?  B. Each committee with authority to act on behalf of the governing body?  B. Each committee with authority to act on behalf of the governing body?  B. Each committee with authority to act on behalf of the governing body?  B. Each committee with authority to act on behalf of the governing body?  B. Each committee with authority to act on behalf of the governing body?  B. Each committee with authority to act on behalf of the governing body?  B. Each committee with authority to act on behalf of the governing body?  B. Each committee with authority to act on behalf of the governing body?  B. Each committee with authority to act on behalf of the governing body before filing the form?  B. Each committee with authority to act on behalf of the governing body before filing the form?  B. Each committee with authority to act on behalf of the governing body before filing the form?  B. Each committee with authority to act on behalf of the governing body before filing the form?  B. Each committee with authority to act on behalf of the governing body before filing the form?  B. Each committee with authority to act on behalf of the governing body before filing the form?  B. Each committee with authority to act on behalf of the governing body	6	Did the organization have members or stockholders?	6		X
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8. Did, the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at the organization held with authority to act on behalf of the governing body?  8a	7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
stockholders, or persons other than the governing body?  8, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a Theogoverning body?  8a		one or more members of the governing body?	7a	'Yes	X
8, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following body?  8a	b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
### The igoverning body?  ### Each committee with authority to act on behalf of the governing body?  ### 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)  ##### No  ###### 10a		stockholders, or persons other than the governing body?	7b		X
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 No  10a T Did the organization have local chapters, branches, or affiliates?  If the organization have local chapters, branches, or affiliates?  If 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?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  12c X  13b Did the organization have a written whistleblower policy?  13c X  13d X	8.,	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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 No  10a T Did the organization have local chapters, branches, or affiliates?  If the organization have local chapters, branches, or affiliates?  If 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?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?  12b X  12c X  13b Did the organization have a written whistleblower policy?  13c X  13d X	a,a	The governing body?	8a	X	
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 No  10a X  10	F b	Each committee with authority to act on behalf of the governing body?	8b		~
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 No  10a X  10	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  Yes No  10a** Did the organization have local chapters, branches, or affiliates?  If 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?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  11a Did the organization have a written conflict of interest policy? If "No," go to line 13  12a W  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  12a W  12b W  13b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  13c Did the organization have a written whistleblower policy?  13d Bid the organization have a written whistleblower policy?  13d Bid the organization have a written whistleblower policy?  13d Bid the organization have a written whistleblower policy?			9	`	X
Yes No  10a x Did the organization have local chapters, branches, or affiliates?  10a x X  10b x 1  10a x X  10a x X  10b x 1  10a x X  10a x X  10b x 1  10a x X  10a x X  10b x 1  10a x X  10a x X  10b x 1  10a x X  10a x X  10b x 1  10a x X  10a x X  10a x X  10b x 1  10a x X  10			de )		
10a X  10a X  10a X  10b If the organization have local chapters, branches, or affiliates?  10a X  10b If 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?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a Did the organization have a written conflict of interest policy? If "No," go to line 13  12a W  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  12a W  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?  12b X  13b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  13c Did the organization have a written whistleblower policy?  13d Signal A Sign				Yes	No
if the est and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  11a Did the organization have a written conflict of interest policy? If "No," go to line 13  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b Were officers directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  13b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  13c X	10a31		10a		
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a X  11a Did the organization have a written conflict of interest policy? If "No," go to line 13  12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  12c X  13b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  12c X  13 X					
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990 (Particle)  Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  The describes in Schedule O how this was done  Did the organization have a written whistleblower policy?  The describes in Schedule O how this was done  12c X  13 X			10h		
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Partition  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?  12b X  12c X  13b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  13c ZELIE  13d X  12a X  12b X  12c X  13c X  13		· · · · · · · · · · · · · · · · · · ·		x	
12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?  12b X  12c X  13b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  12c X  13 X	-		· · · ·		136
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?  12b X  12b X  12c X  13b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  12c X  13 X			122		
Did the organization regularly and consistently monitor and enforce compliance with the policy?*/if "Yes,"  **Total Did the organization regularly and consistently monitor and enforce compliance with the policy?*/if "Yes,"  **Total Did the organization regularly and consistently monitor and enforce compliance with the policy?*/if "Yes,"  **Total Did the organization regularly and consistently monitor and enforce compliance with the policy?*/if "Yes,"  **Total Did the organization regularly and consistently monitor and enforce compliance with the policy?*/if "Yes,"  **Total Did the organization regularly and consistently monitor and enforce compliance with the policy?*/if "Yes,"  **Total Did the organization regularly and consistently monitor and enforce compliance with the policy?*/if "Yes,"  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a written whistleblower policy?  **Total Did the organization have a					
describes in Schedule O how this was done  130 Did the organization have a written whistleblower policy?  131 X			125		
13) Didithe organization have a written whistleblower policy?			120	x	
		anna an a dalami		_	
14 Did the organization have a written document retention and destruction policy?		Did the organization have a written document retention and destruction policy?	14	X	

WILK-

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? \_ a The organization's CEO, Executive Director, or top management official 15a the Other officers or key employees of the organization 15b हुँ । If gyes to line 15a or 15b, describe the process in Schedule O (see instructions) \*641.0P 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Y 29

Sec	ction_C. Disclosure
	organization's exempt status with respect to such arrangements?
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the
U	in res, and the organization follow a written policy of procedure requiring the organization to evaluate its

	1011 TO 1 TO 10 TO		-4500 C	
179	tlist theestates with which a copy of this Form 990	is required to be filed >	NONE~	
18 <sup>3</sup> .	Section 6104 requires an organization to make its	Forms 1023 (1024 or 1024	4-A, if applicable), 99	0, and 990-T (Section 501(c)
	(3)s only) available for public inspection. Indicate h	now you made these availa	ble Check all that ar	nnly

		lic inspection Indicate how you		
~	Own website X Ar	nother's website 🗶 Upon red	uest <b>X</b> Other <i>(ex</i>	plaın on Schedule O)

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

200 il State #6 fame, address, and telephone number of the person who possesses the organization's books and records

295 GIRARD STEET. 5 THE YORGANIZATION -4E. (2)

**DURANGO** 

~ CO 81303-7938 970-259-1086

<u>| X</u>

1<u>6b</u>

						··wearentH
Form 990 (2019)	HOUSING	SOLUTIONS	FOR	$\mathbf{THE}$	SOUTHWEST	84-0853925

3	•	•
Pac	e	7

X

	7.10							<del></del>		
Part VII	Compensation	of Officers,	Directors,	Trustees	, Key	Employees,	Highest	Compensated	<b>Employees</b>	and
•	Independent C	Contractors				444 14 12	4.			

Section Arro Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- 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 <u>See</u> instructions for the order in which to list the persons above

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

		T						I		
1 Line Mes Class	(B)				C)			(D)	_ (E)	(F) <u>K ! </u>
Section Name and title	Average hours	1 /4	Position (do not check more than one				ne	Reportable compensation	Reportable compensation	Estimated amount of other
	per week		box, unless person is both an					from the	from related	compensation
źr.	(list any	off	icer a	nd a	directo	or/truste	99)	organization	organizations	from the
	hours for related	9 중	Ę	₽	\	3,5	Fo	(W-2/1099-MIŞC)	(W-2/1099-MISC)	organization and i
	organizations	ndividual or directo	胃	Officer	9	Highest α employee	Former			related organizations
w sales a la	below		nstitutional		Key employee	8 8	~	rev		
44, chiaeogr	dotted line)	trustee	5	1	š	륋				
who tope vod ber		8	trustee	i	-	compensated e		nne th	.1	
าเนอนเรียกก			θ			82.				
(1) ELIZABETH SALKII	AD.									
	40.00	l						· +nia		,
EXECUTIVE DIRECTOR	0.00	X						61,836	0	0
(2) JULIE BINGHAM										
Service and Mr. A. S. A.	2.00			ĺ				ar chilett be		
DIRECTOR	0.00	X						0	0	· # 0
(3) JIM BOLEN								NEW D		-
- Carrier Control	2.00							The Product of		
BOARD CHAIR	0.00	x		x				o	0	<sub>#he</sub> 0
(4) JIM CANDELARIA	0.00	1	H-	-		H		30 41	<u> </u>	<u> </u>
(4) OIM CANDELIANIA	2 00	1		1	}					
	2.00							13,		
DIRECTOR MAY	0.00	X		<u> </u>				0	0	0
(5) YVONNE COCHRANE	İ			[				יווי בזרי		
a construction	2.00			ļ						
SECRETARY	0.00	X		X				0	0	0
(6) BRANDI CURTIS										
	2.00									
DIRECTOR	0.00	X						0	0	0
(7) JOHN EGAN		╁═╴				Н		n. cuacitai		
FIRECTORON	2.00							~		N 70 4,
DIRECTOR	0.00	x		<b>l</b> ,				,, O	0	
(8) SCOTT FETCHENHIE		A			<u> </u>	H		15-ma , U	<u></u>	
(6) SCOIL FEICHENNIE	2.00									, ,
DIDECTOR								ر ، سر ر .	•	
DIRECTOR	0.00	X		-				0	0	U
(9) STEVE GARCHER								KC s		
DIRECTOR MAN	2.00	1		1						
DIRECTORF	0.00	X						-5 <b>'0</b>	0	0
(10) PAULETTE GASNER								,		
	2.00									
DIRECTOR	0.00	X						<b>O</b> ,	0	, 0
(11) BRIAN KIMMEL										
	2.00									
DIRECTOR	0.00	x						n 2a - 1 0	0	0
	J. 00	1 4 5	<u> </u>			ш				

....

PAARUCTUR

om 990 (2019)

Form 990 (2019)

DINGCTOR /

DAADACOM

HSSW 1/16/202040/32 AM
Form 990 (2019) HOUSING SOLUTIONS FOR THE SOUTHWEST 84-0853925 Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (B) (D) (A) (F) Position Name and title Average Reportable Reportable Estimated amount (do not check more than one compensation hours compensation of other box, unless person is both an DIRECTOR ... from related per week from the compensation officer and a director/trustee) organizations (list any organization from the COMMODURED. -13 (W-2/1099-MISC) (W-2/1099-MISC) organization and hours for Institutional related organizations related employee organizations helow compensated dotted line) trustee GWEN LACHELT (12)2.00 พ รอบ - 0ั VICE-CHAIR 0.00 X X 0 0 SHELLEY LOW 2.00 TREASURER 0.00 X X 0 0 0 (14)EVERETT LYONS 2.00 DIRECTOR 0 0.00 X 0 0 (15) JADDIS MARTIN 2.00 DIRECTOR 0.00 X 0 0 0 ANITA STECK (16)2.00 0.00 X 0 0 DIRECTOR 0 25.7 Ä <u>IČE;-CHA</u>IP **√**~ c . r DIRECTOR = . / 36 . 61,836 Subtotal  $\blacktriangleright$ c Total from continuation sheets to Part VII, Section A 61,836 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 Yes No 3 \_\_Did\_the organization list any former officer, director, trustee, key employee, or highest compensated  $\mathbf{x}^{\hat{}}$ employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X: Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X Section, B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with-or within the organization's tax year (B)
Description of services (A) Name and business address (C) Compensation 3. Did the ofa - Judition . 

- with = .

- - -T

Form 990 (2019) HOUSING SOLUTIONS FOR THE SOUTHWEST 84-0853925

[Part VIII] Statement of Revenue

Page 9

		Check if	Sch	edule O conta	ains a	respon	se or note	to any line in thi	ıs Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0, N	1	<u> </u>		<del></del>				•	9 15 mg 1 7	<del></del>	1 4 4
Contributions, Gifts, Grants and Cther Sim lar Amounts	<u>ફ્રિ1</u> a.	Federated camp	-		1a			•	·		' ' "
တ်ဋ	ь	Membership due			1b						
μĀ	c Fundraising events								,		1 1
ᅙ	d Related organizations e Government grants (contributions)				1d			*			1 1
Si'E					1e		551,507				
ë ë	ore	All other contributions,	gifts, gra	ants,					المهادات .		
를	17/10	and similar amounts no	nt include	ed above	1f		48,586		mrita:		
Ė	<b>₹</b> ,g	Noncash contributions	induded	in lines 1a-1f	1g	\$			+		
<u>ŏ ē</u>	h	Total. Add lines	1a-1f	1			<b>•</b>	600,093			
							Business Code				7
မွ	2a	PROGRAM SERVICE FEES					135,341	135,341			
Ĭ,	b	LOW INCOME	HOUS	ING RENT				51,276	51,276		
S E	С	LOW INCOME	HSG	INTEREST				18,164	18,164		
Program Service	d	HOUSING CO	UNSEI	ING				4,875	4,875		, ,
	:1e	Feder							J - JA		1 4.
	f.	All other program	n serv	ice revenue							
20		Total. Add lines					<b></b>	209,656	~		• _ ,
	3	Investment incor			s. ınte	rest. and				•	٠ ، دد
		other similar am	•	•		,	▶	-188,940	-188,940		
5.4	"41"					oroceeds	•	,			
Taryon of the state of the stat	14.0 153	47 income from investment of tax-exempt 5 Royalties		Empt bond proceeds		•				·	
ΞĊ		Ale		(ı) Real			Personal		, ,		
		Gross rents	6a	(77102)		(,,,		× .	· -		
	h	Less rental expenses	6b					Ì			. ا
			6c						<del></del>		
	٠,	Rental inc. or (loss)		loce)							
	7a	Net rental incom Gross amount from	E 01 (	(i) Securities		1 (0)	Other	) D.:			
E F	<sub></sub> .	sales of assets	7.	(i) Securities	(11)			, 1-m Dan.	===		
5		other than inventory 7a		<del> </del>	28,000						
Ž	ים י	Logo Cost or other					10 406	اسست			
Revenue Reve		basis and sales exps 7b	·	12,486	٤	\ <u>\$</u>					
·Æ	C	Gain or (loss)	7c	<del></del>			15,514	45-54	45 544		1 (54.)
Je.	d	Net gain or (loss Gross income from (note including \$ or contributions rep See Part IV, line 18	5)	_			<b>-</b>	15,7514	15,514		
ō	8a	Gross income from	fundra	ising events				ę			
1	",4 T	(not) including \$						•			
걸음	5	orcontributions rep	orted o	n line 1c)					4		
<b>=</b> 27, 0	a.	See Part IV, line 18	3		8a			,			
	b	Less direct expe	enses		8b			•			
	С	Net income or (I	oss) fi	rom fundraising (	events		<b>•</b>				<u> </u>
	9а	Gross income from	gandi	ıy activities				<b>\.</b> -			
		See Part IV, line 19	)		9a						
	b	Less direct expe	enses		9b			بينطاب			
		Net income or (I		rom gaming activ	vities		<b>•</b>	4		-	
24		Gross sales of II						£ 2	ς		•
• <b>-</b> 1.	- '	retums and allov		-	10a						
<u>.</u>	ь	Less cost of go			10b			~	•		
		Net income or (le					<b>•</b>	,E-J-W			- 4 De-lan
			200) II	C.II GUICO OI IIIVE	y	_	Dusiness Codc		•		
Sig :	445	темівотисом	F					1,482	1,482		
že je	19"	(gapgane, themtecintucour	ٺ				<del>                                     </del>	1,402			
er Ver	· · · · · · · · · · · · · · · · · · ·						<del>                                     </del>		`		
Miscellaneous Revenue	, c.						<del>  </del>	े कार्र	*	<u>.</u>	<del> </del>
Σ		All other revenue					<u> </u>	1,482			
		Total. Add lines					- P	637,805	37,712	0	0
	12	Total revenue.	see ir	istructions			<u> </u>	037,603	31,112		
											Form <b>990</b> (2019)

DAA Nerinan La Juan , 46 1 24 4 . 4

.

SW 11/16/2020 10 32 AM  - Source of Bounds		いを記録事ニン		
10 10 10 10 10 10 10 10 10 10 10 10 10 1		THWEST 84-085	3925	Page 1
Part IX Statement of Functional Expe				
ection 501(c)(3) and 501(c)(4) organizations must con			olete column (A)	
Check if Schedule O contains a respon	(A)		(C)	
o not include amounts reported on lines 6b, b, 8b, 9b, and £0b; of Part VIII.	Total expenses	(B) Program service	Management and	( <b>D</b> ) Fundraising
Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments See Part IV, line 21	44,761	44,761		
2 Grants and other assistance to domestic	,		<del>`</del>	· · · · · · · · · · · · · · · · · · ·
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		Ny Ingley N		
Benefits paid to or for members				A James and to
50 Compensation of current officers, directors,	61 027	5	7 700	
trustees, and key employees  Compensation not included above to disqualified	61,837	54,107	7,730	
Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and		· <del>1511</del> 70		
persons described in section 4958(c)(3)(B)				
	318,504	294,882	23,622	
7 82 Offier safaries and wages 83 Pension plan accruals and contributions (include	, , , , , , , , , , , , , , , , , , ,			
section 401(k) and 403(b) employer contributions)		44.		
9 Other employee benefits	36,197	31,206	4,991	
0 Payroll taxes	30,331	28,016	2,315	
1 Fees for services (nonemployees)				
a Management	1,125	1,125		
b Legal	10,915	1 275	0.540	
de légation le	10,915	1,375	9,540	P = m = r
e Professional fundraising services See Part IV, line 17	-,,,			
right investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column		· 4.7		
(A) amount, list line 11g expenses on Schedule O)	18,558	16,780	1,737	4
2 § Advertising leand promotion		**		
8 Officer expenses	3,781	2,511	1,120	<u>15</u>
4 <sup>2</sup> Information technology		447		
5 Royalties				
6 Occupancy	15,555	15,500	55	·
7 Travel 8 Payments of travel or entertainment expenses	15,555	15,500		
for any federal, state, or local public officials		1. 4.		
9; Conferences; conventions, and meetings		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
cot interested	5,913		5,913	
21 Payments to affiliates				
2 Depreciation, depletion, and amortization	37,796	12,591	25,205	
3 Insurance	12,919	`11,001	1,891	
4 Other expenses Itemize expenses not covered		ا خيم و		
b above (bisterniscellaneous expenses on line 24e If		. 4	'	
fine 24eamount exceeds 10% of line 25, column		24 241		
(A) diriodit, list line 24e expenses on schedule o)	128,466	128,466		
	24,069	16,759	5,476	1,83
c RENT AND UTILITIES	14,005	13,715	264	2
d REPAIRS AND MAINTENANCE	11,132	9,262	1,868	
e All other expenses	32,387	30,315	2,043	2
5 Total functional expenses Add lines 1 through 24e	808,251	712,372	93,770	.2,10
61 Voint costs. Complete this line only if the	,	<u> </u>		
organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation Check here				<b>4</b>
following SOP 98-2 (ASC 958-720)		* = 1 7		"

Tel phylicites in its control of the 
بيزع

Form 990 (2019). HOUSING SOLUTIONS FOR THE SOUTHWEST 84-0853925

Part X. Balance Sheet

Page 11

LP	aπ <sub>i</sub> ×				4	AC.			
		Check if Schedule O contains a response or note to	o any	line in this i	Part X		(A)	1	<del></del>
							(A) Beginning of year		(B) 및 당년4 End of year
_	1	Cash—non-interest-bearing					1,001,205	1	1,058,087
	l	Savings and temporary cash investments					3 141,704	2	141,945
		Savings and temporary cash investments  Pledges, and grants receivable, net				307	156,529		273, 923
28	-2018	Accounts receivable, net					1,249		616
[28			- e	d	\alpha.		1,249	4	010
	5	Loans and other receivables from any current or former of					,		
, Tr		trustee, key employee, creator or founder, substantial con		or, or 35%			<del></del>	<u> </u>	
	_	controlled entity or family member of any of these person				17		5	
	l .	Loans and other receivables from other disqualified personal transfer appears described in particular appears described in particular appears and appe	•				=	<u> </u>	
Seets	100,000	under section 4958(f)(1)), and persons described in section (1) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	ON 49	56(C)(3)(B)			. 2,128,304	6	1 000 265
ASS		Notes) and loans receivable, net			-	٠. ا		7	1,909,265
		Inventories for sale or use				1 3	3,516 13,576	8	4,035
	l	Prepaid expenses and deferred charges	Γ	l			13,376	9	12,860
	Tua	Land, buildings, and equipment cost or other	40-	1	200 0	.07	। र स् <del>थार्थ</del>		1,834
	١.	basis Complete Part VI of Schedule D	10a	<u> </u>	200,9 579,1		645,921		621 806
		Less accumulated depreciation	10b				045,921	10c	621,806
		Investments—publicly traded securities			:	30.r	·	11	
25	14.04	investments—other securities See Part IV, line 11					1,498,548	12	1 200 500
20		hyastments—program-related See Part IV, line 11					1,490,540	13	1,308,F89
	4-	Intangible assets					1 077 020	14	1 120 720
. 7		Other assets See Part IV, line 11					1,077,938	15	1,138,728
		Total assets. Add lines 1 through 15 (must equal line 33)	)			•	6,668,490	16	6,469,454
	17	Accounts payable and accrued expenses					99,086	17	126,772
10	10,0	Grants-payable টুৰ্ণুচূদুৰ revenue এTax-exempt bond liabilities					72,740	18	10 152
4	30 Y	Selected revenue			<b>,-</b> -	- ,	12,740	19	19,152
F.0			0-6-	duda D	-4	٦		20	
	21	Escrow or custodial account liability Complete Part IV of						21	
ies		Loans and other payables to any current or former officer							" 1 834.
Liabilities		trustee, key employee, creator or founder, substantial con		or, or 35%			<del></del>		
Lia		controlled entity or family member of any of these person		_	_		_	22	
	23	Secured mortgages and notes payable to unrelated third	•	5	• -	T.	<u> </u>	23	
15	1041	Unsecuted notes and loans payable to unrelated third pa		لمديطة ام			eradinal property of	24	
28	1 '	•			عديب			•	
•		parties, and other liabilities not included on lines 17-24) of Schedule D	Comp	ele Pail A			204,686	25	201,998
34	1 20	Total liabilities. Add lines 17 through 25			•	_	376,512	25 26	347,922
_	26	Organizations that follow FASB ASC 958, check here	N V		<u>·</u>		~ 370,312	20	341,922
Ś	18.	and complete lines 27, 28, 32, and 33.							,
2		Netgassets without donor restrictions					.,, 4,328,456	27	4,160,458
- gg ,		Net assets with donor restrictions				- 1	1,963,522	28	1,961,074
<u> </u>	l .	Organizations that do not follow FASB ASC 958, chec	k har		-	- 1		20	1,501,014
ᆵ	ı	and complete lines 29 through 33.	, K 1101						
Assets or Fund Balances	l	Capital stock or trust principal, or current funds				ł	727 <del>1</del>	29	12.835
र्ड		Paid-in or capital surplus, or land, building, or equipment	fund			ı		30	
SS		Retained earnings, endowment, accumulated income, or		funds	. ¬	ا, م	•	31	-
*	20	Middelfibbt assets or fund halances	Ju 101		:	0	6,291,978	32	6,121,532
Ž	39.	আবারাজান assets or fund balances আবারাজান assets and net assets/fund balances				٠,	6,668,490	33	6,469,454
-765		sector incomines and their assets/fully balances					0,000,200		

. 11

Form **990** (2019)

100 + SUE

10 September 12 20 Distriction

7 <u>1,839</u>

5 36 90 almo

- MUESTE

22

EGINES COMP

Form 990 (2019) HOUSING SOLUTIONS I	FOR THE SOUTHWEST 84-0853925		Page <b>12</b>
Part XI Reconciliation of Net Assets	- Comments	-	Chin age / 41 mm max
Check if Schedule O contains a resp	S benefit with	<del></del>	~
1 Total revenue (must equal Part VIII, column (A), lin	•	1	637,805
2 Total expenses (must equal Part IX, column (A), Irr	•	2	808,251
3 Revenue less expenses Subtract line 2 from line 1			<u>-170,446</u> ,291,978
4 Net assets or fund balances at beginning of year (r	must equal Part X, line 32, column (A))	·····	,291,978
5 Net unrealized gains (losses) on investments	•	5	
6 Donated services and use of facilities	the scenario	7	·
7 investment expenses	•	<del> </del>	
Prior period adjustments	lain an Sahadula OV	8	
<ul><li>9 Other changes in net assets or fund balances (exp</li><li>10 Net assets or fund balances at end of year Combination</li></ul>	,	9	
32, column (B))	ne lines 3 through 9 (must equal Part X, line	10 6,	,121,532
Part XII Financial Statements and Rep	orting	1101 0,	, 121, 332
Part-XI-10-1. Check if Schedule O contains a resp			
TO THE PARTY OF TH	1		Yes No
1 Accounting method used to prepare the Form 990	Cash X Accrual Other	Г	103 10
If the organization changed its method of accounting			يشائيل فال
Schedule O	g non-a pilot year or encourse causi, expansion		19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2a Were the organization's financial statements compi	led or reviewed by an independent accountant?	1 :	<sub>2a</sub> X
্ল । f শes, echeck a box below to indicate whether the		<u> </u>	
reviewed on a separate basis, consolidated basis,			
© Separate basis Consolidated basis	Both consolidated and separate basis		
b Were the organization's financial statements audite	• • • • • • • • • • • • • • • • • • • •	1,	2b X
•	financial statements for the year were audited on a	<u> </u>	
separate basis, consolidated basis, or both	initialisal statements for the year were addited on a		
Separate basis X Consolidated basis	Both consolidated and separate basis		
	e a committee that assumes responsibility for oversight of		
1 2 the audit, feerew, or compilation of its financial state		\ .	2c X
	ess or selection process during the tax year, explain on	<u> </u>	7 1.41 C
Schedule O	233 of selection process during the tax year, explain on		
	n required to undergo an audit or audits as set forth in the		423
Single Audit Act and OMB Circular A-133?	required to undergo air addit of addits as set form in the	.	3a <b>X</b>
•	audit or audits? If the organization did not undergo the	·	
	D and describe any steps taken to undergo such audits		зь
6. demediate	and describe any steps taken to anadigo sacin addits		Form <b>990</b> (2019)
7 - 10135-	veie bu		FOIII 330 (2019)
- Conjugation of the conjugation			
			'
	we state a mar		
· @ tne gudit, tev	To a Table November 1971 +		
If the .org	<b>6.</b> .		
na yan ki <del>naghalada sariin ki di da</del> Chal <sub>a ka</sub> n da nama	· r*		
•			\$ 55 y \$ 144
			The season
्र ग्रिट्स् शास्त्रकारणारू व	1		
2 Miles	- M3 L.		
• • •	100 400		
			1 E
			1
	ቀርና <u>አ</u> ላኔያ ነገ <sub>ጋ</sub> ታላ ል		
- Diffie audit, ffe	eur olar i Vita i		
	••		الرجعورونية سيستها
ine oran			
DAA			4
DAA			a li mare

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

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

OMB No 1545-0047 Open to Public Inspection

Ser K

Name of the organization

HOUSING SOLUTIONS FOR THE SOUTHWEST (FORMERLY SOUTHWEST COMMUNITY RESOU

Employer Identification number 84-0853925

Part	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part ) See instruction	ns		
The orga	inization is not	a private foundation because	e it is (For lines 1 through 12, o	check only	, one box	()	1/1/		
1.7 46	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2 ,,	. A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Form	n 990 or 9	990-EZ))				
<i>-</i> 3₹ <i>-</i>	A hospital or	a cooperative hospital servi-	ce organization described in se	ction 170	)(b)(1)(A)	(iii).	U		
1004 U	A medical res	search organization operated	in conjunction with a hospital	descnbed	ın sectio	on 170(b)(1)(A)(iii). Enter the h	nospital's name,		
· _	city, and state	e					L.A. D.L.		
5	An organizati	on operated for the benefit of	of a college or university owned	or operate	ed by a g	jovernmental unit described in			
(1 - 01 - 1) - 5-	section_170	(b)(1)(A)(iv). (Complete Part	11)		N- 44				
~ 6 T   T	the law in the		overnmental unit described in s			** *			
C_Nare X		on that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fro omplete Part II)	om a gove	emmental	unit or from the general publi	С		
8 🗌	A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	t II )					
9 🗌	An agricultura	al research organization des	cnbed in section 170(b)(1)(A)(	ix) operate	ed in con	junction with a land-grant colle	ege 'i		
	or university of university	or a non-land-grant college of	of agriculture (see instructions)	Enter the	name, c	ty, and state of the college or			
10 🔲			) more than 33 1/3% of its sup						
3			pt functions—subject to certain				مائد و الله المحاكثين		
# # # # # # # # # # # # # # # # # # # #			nd unrelated business taxable in				<b>1</b> -		
44 🗆		<u>-</u>	0, 1975 See section 509(a)(2) exclusively to test for public safe						
11 H	•	,	exclusively to test for public said	•		` ' '	occo		
' <sup>2</sup>	-	· ·	zations described in section 50	-					
47.			nat describes the type of suppor						
~ 2 · a	,,,,,,,		erated, supervised, or controlled						
Dear E			er to regularly appoint or elect				3		
لترا			omplete Part IV, Sections A a		en en	Page.			
b			pervised or controlled in connec						
			ting organization vested in the	same pers	sons that	control or manage the support	ted '',		
		ion(s) You must complete							
С			supporting organization operated structions) You must complete				∕ith,		
Esti <b>d</b> T		- · · · ·	I. A supporting organization ope	7,	ดบทหางนา	()	on(e)		
			e organization generally must sa						
			nust complete Part IV, Section						
, е	Check the	is box if the organization rec	eived a written determination fro	om the IRS	S that it is	s a Type I, Type II, Type III			
ブル	functional	lly integrated, or Type III no	n-functionally integrated suppor	ting organ	nization		٠ - بلا		
f	Enter the nur	mber of supported organizati	ons		.5_10				
g	Provide the fo	ollowing information about the	ne supported organization(s)						
	ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	-	(v) Amount of monetary	(vi) Amount of		
on	ganization .		(described on lines 1-10 above (see instructions))	docur	nent?	support (see	other support (see		
ريسي	* مستو ٠			Yes	No " #		in our addition		
(A)				† · · · · ·	<u> </u>				
(* ')					·-,	nuclin			
(B)				1					
(-)				ļ ,.					
(C) !"c!";	<b>阿福那</b>			<u> </u>	大さがない		<u> </u>		
2	20000			İ	خيز: ر	eour	"n are , y.		
(D) ' - '	***************************************			JQ.					
<u>4.</u>									
(E)					1. "				
<b>\</b> -/					[				
	This common and a				-2	-	<u> </u>		
Total	1013 THE	'							
		n Act Notice, see the Instruct	ions for Form 990 or 990-EZ.	14052	्या -	Schedule A	A (Form 990 or 990-EZ) 2019		

reconcit :

CS TENN

Schedule A (Form 990 or 990-EZ) 2019

## HOUSING SOLUTIONS FOR THE SOUTHWEST 84-0853925

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 Rart III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Rublic Support	, ,		⊲n L t l	920*		- ***
	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	'(c)i 2017	(d) 2018	(e) 2019	(f) Total
:4.	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	881,531	830,009	778,978	724,701	600,093	3,815,312
1010	Tax revenues levied for the Coganization's benefit and either paid			madigs anggad agaar madigs	îit.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge			*****	!! <del>}4</del> *		Pana ?
4	Total. Add lines 1 through 3	881,531	830,009	778,978	724,701	600,093	3,815,312
	The portion of total contributions by each person (other than a something that it is possible or publicly exploited or organization) included on the included amount			THE REMANDER OF THE PARTY OF TH	- - -		
-1- 6	shown on line 11, column (f)			,			****
_	Public support. Subtract line 5 from line 4		ν.	,			3,815,312.
	tion B. Total Support	(a) 2015	(b) 2016	(a) 2017 ~	(#) 2010	(a) 2010	/f) Total
- (-	18X (evendes)	(a) 2015	(b) 2016	ہتمہ 2017 (c)	(d) 2018	(e) 2019	(f) Total
	Grossencome from interest, dividends, payments received on securities loans, rents, royalties, and income from	881,531	830,009	778,978	724,701	600,093	3,815,312
9	similar sources  Net income from unrelated business activities, whether or not the business is regularly carned on			ide.	r <b>s</b> r		Pans :
107 Sec ras	Other income Do not include gain or light from the sale of capital assets (Explain in Part VI)			words with	1304		
, <b>1,1</b>	Total support. Add lines 7 through 10			4			3,815,312
12	Gross receipts from related activities, etc	(see instructions)		*		12	1,141,328
13 ~ <u>~ -</u>	First five years. If the Form 990 is for the organization, check this box and stop here	е			ar as a section 501	(c)(3)	▶□
	tionംC:ട്രComputation of Public Sເ	<del></del>	<del></del>				
14 : 15	Public support percentage for 2019 (line 6 Public support percentage from 2018 Sche	edule A, Part II, line	: 14	•		14	100.00 % 99.97 %
16a b	33 1/3% support test—2019. If the organ box and stop here. The organization quali 33 1/3% support test—2018. If the organ	ifies as a publicly s	supported organiza	ition ****	··· P·		p <b>&gt;</b> X
Sec	this box and stop here. The organization of 10%-facts-and-circumstances test—201	9. If the organization	on did not check a rcumstances" test,	box on line 13, 16 check this box ar	nd stop here. Expla	ain in	• <u> </u>
b D	organization  10%-facts-and-circumstances test—201  15 is 10% or more, and if the organization	8. If the organization	on did not check a and-circumstances	box <u>on line</u> 13, 16 " test, check this b	6a, 16b, or 17a, and oox and <b>stop here</b> .	d line	****.323.
Sec	Explain_in Part VI how the organization motive organization motive organization	eets trie Tacts-and	-urcumstances te	at the organization	ni quaiiles as a pi	лопоту	▶ □
	Private foundation. If the organization did instructions	d not check a box of	on line 13, 16a, 16	b, 17a, <u>or</u> 17b, cho	eck this box and se	e	<b>▶</b> □
				12.3	var-	Schedule A (Form 99	0 or-990-EZ) 2019

المرتبئ المرابية out aliens

-21<sub>10</sub>

\* 712.22.

4482-1372

Page 2

AT FIRST NOT TOP

	w a s			*4.1,			
Sched	fule A (Form 990 or 990-EZ) 2019 HOU	JSING SOLU	JTIONS FO	R THE SOU	THWEST_84	-0853925	Page 3
Pa	rt III Support Schedule for O	rganizations [	Described in S	Section 509(a)(	2)	•	
	(Complete only if you che	cked the box o	n line 10 of Pa	rt I or if the org	anization failed	to qualify unde	er Part II
٠	If the organization fails to						/
Sec	tion A. Public Support				•	·	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017 -4	·- (d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	· · · · · · · · · · · · · · · · · · ·	<u> </u>		(,	, , , , , , , , , , , , , , , , , , ,	
•	received (Do not include any "unusual grants")						/
2	Gross receipts from admissions, merchandise						-44/+21 4412
	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						/
<u>3</u> 5√	unrelated trade or business under section 513		<del></del>	<del> </del>		<del></del>	<del>/</del>
4	Tax revenues levied for the					/	1
ي.	organization's benefit and either paid to or expended on its behalf				-	/	
_						<del>'</del>	
5	The value of services or facilities					/	
<b>7.</b>	fumished by a governmental unit to the			باد باد		/	
260	r örganızatığır without charge Trotal Add lines 1 through 5			-		/	
A 24	day, resident			1200		/	
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons					/	
ь	Amounts included on lines 2 and 3					/	4 to -4.5-4
•	received from other than disqualified					/	
	persons that exceed the greater of \$5,000				,		
	or 1% of the amount on line 13 for the year		ļ <u>.</u>		/		
βC	Add lines Za and 7b	ļ			/		
۶ ۲	Public support. (Subtract line 7c from			-	/		*****
4	line 6)						
Sec	tion B. Total Support				1		
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6				/		
10a	Gressuncome from interest, dividends,			*** }*	/		
	payments received on securities loans, rents,				/		
4 \$ 5m	royalties, and income from similar sources			14, 4, -,	<b>/</b> _		
b	Únrelated business taxable income (less			/			
	section 511 taxes) from businesses			/			
	acquired after June 30, 1975			<del> /-</del>			<u> </u>
С	Add lines 10a and 10b			/			
				/			
11 յ։	Net income from unrelated business activities not included in line 10b, whether						
-8	on not the business is regularly carried on			/			
12	Other income Do not include gain or						
	loss from the sale of capital assets			/			
<del>-</del>	(Explain in Part VI)			/	3		
13	Total support. (Add lines 9, 10c, 11,		/	\ <del></del>			
	and 12)						
14=	First five years. If the Form 990 is for the		it, second, third, fo	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	
<u>.</u> 5	organization, check this box and stop her		/_				<u> </u>
Sec	tion C. Computation of Public S	upport Percen	tage /	******			
15	Public support percentage for 2019 (line 8	, column (f), divide	ed by line 1/3, colur	nn (f))		15	%
16	Public support percentage from 2018 Scho	edule A, Part III, lir	ne 15 /			16	%
Sec	tion D. Computation of Investme	ent Income Pe	rcentage				
17	Investment income percentage for 2019 (I			3, column (f))		17	%
18	Investment income percentage from 2018	Schedule A Part	III line 17			18	%
19a	33 1/3% support tests—2019. If the orga	inization did not ch	eck the box on line	e 14, and line 15 is	more than 33 1/3	%, and line	<del></del>
X.	17 is not more than 33 1/3%, check this b	ox and stop here	The organization	qualifies as a nubli	icly supported orga	inization	
۱٦ b	33 1/3% support tests—2018. If the orga		2				
·	line 18 is not more than 33 1/3%, check th						
20	Private foundation. If the organization did						***
							· —

Schedule A (Form 990 or 990-EZ) 2019

وريجايه

-1-

Schedule A (Form 990 or 990-EZ) 2019 HOUS:
Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations	Complete Fall V		
	13 13 76 SIV		Yes -	No.
r <sub>0</sub> 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	1		****
2	Did the organization have any supported organization that does not have an IRS determination of status	<del></del>		
<b>4</b> 2		•		!
H35)*/:	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported to the support of the sup	2		
⊊3a	Did the organization have a supported organization described in section 501(c)(4) (5) or (6)? If "Yes," answer			
For	(b) and (c) below	3a		
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		- `	- 50,5
	organization made the determination	3b		-
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
-	черигроses? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			-Not-
4	The Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
<sub>عتب</sub> 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	4b		
7.3.C	Did the organization support any foreign supported organization that does not have an IRS determination			
1	funderisections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			١ ،
w da	to the foreign support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
•	purposes SED.	4c		<u> </u>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			1. 464
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN		`	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			,
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	ļ	<b></b>	
	was accomplished (such as by amendment to the organizing document)	5a		
	Type li only. Was any added or substituted supported organization part of a class-already			وتيامونيا
414	भे designated in the organization's organizing document?	5b		
ت. c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		4	4545.23
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
7	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
455	်း benefits one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		<u> </u>
275	Did-Mie 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	<del></del> -		
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year_by_one_or_more			
14b	প্রবিশ্ব বিশ্ব বি	<u> </u>		-NaC 1
4 <sup>3</sup> b	*Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		-114m-
	the supporting organization had an interest? If "Yes," provide detail in Part VI.			
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	96	-	
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
.1 <b>∩</b> ≥	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		<del></del> ,
	4848(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			1
	** Supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	100		
~	determine whether the organization had excess business holdings )	10b		
		Sabadula A /Form 00/		<del></del>

No.

न्यद्वार्थिक-

. 5.4 ~

Page 5

No

No 7,-00 6

21 34 16

=7. 7440

Schedule A (Form 990 or 990-EZ) 2019

Yes

11a

11b 11c

----

**小色学** 

, Ale

"rèzanin"

SOUTHWEST 84-0853925

THE

DAA

Section Sector

3.C POWER

Schedule A (Form, 990 or 990-EZ) 2019

Part IV I'm Supporting Organizations (continued)

below, the governing body of a supported organization?

Seci	ion B. Type i Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		704	,-7,-00
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ĺ
× 264.0	, controlled the organization's activities if the organization had more than one supported organization,			ĺ
	usdescribe how the powers to appoint and/or remove directors or trustees were allocated among the supported			Page 5
	diganizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	~	
2	Did the organization operate for the benefit of any supported organization other than the supported			
5	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		- <u>-</u>	
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			٠,٠
	supervised, or controlled the supporting organization	2		
Sect	ion, Gutype II Supporting Organizations		I.	<u> </u>
4.C	1 26% c		Yes	No
	**************************************		163	
•	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	1		25, 34,
Sect	the supported organization(s) ion D. All Type III Supporting Organizations	<u> </u>		
0000	"ad organ		Van	No
	To produce a difference		Yes	No Sate #
	In Dict the organization provide to each of its supported organizations, by the last day of the fifth month of the			Paça \$
r ga	f 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_	4:	.~
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			İ
5-14	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2600	Cthe organization maintained a close and continuous working relationship with the supported organization(s)	2		: 
_3 <u>c</u>	_Byjteason of the relationship described in (2), did the organization's supported organizations have a			l
	Significant voice in the organization's investment policies and in directing the use of the organization's			l
	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	40,0	27. 744
Sect	ion 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)			
a	The organization satisfied the Activities Test Complete line 2 below			
Softb.	ாள்ளுள்ள is the parent of each of its supported organizations. Complete line 3 below க			Fraga #
P.c	The organization supported a governmental entity Describe in Part VI how yoursupported a government entity (see instruct	ions)		
2 .	Activities Test Answer (a) and (b) 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 Rart, VI identify			
Secti	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			I.
	that these activities constituted substantially all of its activities	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			18. )A.d
	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 a	Parent-of-Supported Organizations Answer (a) and (b) below.	<del></del>		
	中面 to regard the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<u>:</u>	<u>~309 §</u>
	្បែកប្រទេស organization have the power to regularly appoint of elect a majority of the officers, directors, or the first first fire of the supported organizations? <i>Provide details in Part VI.</i> មេទេ	3a	<u>'</u>	ئ <del>نىئىد</del>
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Ja		
. b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		No
	or its supported organizations, it ites, describe in rail vitile fole played by the organization in this regard	עט		MU

HOUSING SOLUTIONS FOR

A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)

Has the organization accepted a gift or contribution from any of the following persons?

No\_

Schedule, A. (Form, 990 or 990-EZ) 2019 HOUSING SOLUTIONS FOR				T 84-0853	925 Page
Part V. L. Type III Non-Functionally Integrated 509(a)(3) Support	orting Org	<u>ganiza</u>	tions		
1 - Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on No	ov. 20,	1970 (ex	kplain in Part VI) \$	See
instructions. All other Type III non-functionally integrated supporting organ	nizations mu	ist com	olete Se	ctions A through E	
Section A - Adjusted Net Income		*16 } : \$2ª	P (A	A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		•	
2 Recovenes of pnor-year distributions		2			
Other gross income (see instructions)		3,			and the large
\$4.+IAdd lines 1 through 3	o , vide da	4			**
5 Depreciation and depletion		5			
6 Portion of operating expenses paid or incurred for production or		1			-I .No
collection of gross income or for management, conservation, or	-cross of calenda.				
maintenance of property held for production of income (see instructions)		6	<u> </u>		
Sch-MulsOtheruexpenses (see instructions)		7	<u> </u>		
#8/1 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)		un <b>8</b> %	La		
Section B - Minimum Asset Amount	No		(A	N) Pnor Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		קין נאיי			* Year
instructions for short tax year or assets held for part of year)					,
a Average monthly value of secunties		1a	l		
b Average monthly cash balances	****	1b			
3, City Fair market value of other non-exempt-use assets		1c,			P
ें dod Total (add lines 1a, 1b, and 1c)	* pp ***	1d			
e Discount claimed for blockage or other		<del>  -:=</del>	ı		
factors (explain in detail in Part VI)		1			*** *** ***
2 Acquisition indebtedness applicable to non-exempt-use assets		2			7
3 Subtract line 2 from line 1d		. 3			
Str. 4. ik Oashideemed held for exempt use Enter 1-1/2% of line 3 (for greater amount	}	1			
Ésee Anstructions)	•	n4'8'			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	- 110				
6 Multiply line 5 by 035		6			
7 Recovenes of pnor-year distributions		7 <i>m</i> r	_		ntYtar -
8 Minimum Asset Amount (add line 7 to line 6)		8	7		, 1, 01
William Asset Amount (and line 7 to line 0)					
Section C - Distributable Amount		1 1			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)		.1	·	<u>-</u> .	7 -
£2 Enter 85% of line 1	mater	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			Fu
5 Income tax imposed in prior year		5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
émergency temporary reduction (see instructions)		6			
The Check here if the current year is the organization's first as a non-functional	ly integrated	Type I	ll suppoi	rting organization (	see
* Instructions)	- No	24,000			
				Schedule A	A (Form 990 or 990-EZ) 20
		-4 to	>		ਾਂ ਪ੍ਰੋ≹ਹਜ਼ਾ
rayres o who are health reduced in the surface process	-	1. 2	•		
-1 Rivergy		يت المدر			· .
2 小年14日	(f) T 4.	•			
•					
		-			**************************************
		elan sor			
िर् <u>ते तेता प्रविदेश के प्रत्येक्ष</u> ते प्र	•	-franklin			
Spid Adultione		4 Marin			
* Parte	4000000	4			
	_				
					n vtor

. 10.

4- 151

ISSW 11/16/2020 10 32 AM	ته بند.	1>	mag.
Schedule A (Form 990 or 990-EZ) 2019 HOUSING SOLUTION Part V 1 Type III Non-Functionally Integrated 509(a)(	NS FOR THE SOUT		925 Page
Section De Distributions	or capporting organiza		Current Year-
5 Armstr	•		Odifelit Teal
1 Amounts paid to supported organizations to accomplish exempt p		<del></del>	<del></del>
2 Amounts paid to perform activity that directly furthers exempt purp	ooses of supported		• •
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of s	supported organizations	<del></del>	
4 : Amounts paid to acquire exempt-use assets			<del></del>
.5; Qualified set-aside amounts (pnor IRS approval required)	有《城(*)	L.	
6 Other distributions (describe in Part VI) See instructions		***************************************	
7 Total annual distributions. Add lines 1 through 6  8 Distributions to attentive supported organizations to which the organizations.			
	anization is responsive	<del>"</del>	* * *
(provide details in Part VI) See instructions  9 Distributable amount for 2019 from Section C. line 6		<del></del>	
	r. ed. E. Bussen	<del></del>	
10 Line 8 amount divided by line 9 amount	ra Organi		
Section E - Distribution Allocations (see Instructions)	(i) Excess <u>Dist</u> ributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019			
(reasonable cause required-explain in Part VI) See			
4- Instructions,	<u> </u>	<del></del> .	
3 Excess distributions carryover, if any, to 2019	., .		
a From 2014	15 -		
b From 2015			
c From 2016			
d From 2017			*
e From 2018			
f Total of lines 3a through e	ma thush.		
g Applied to underdistributions of prior years			Yang fara anga
h Applied to 2019 distributable amount			**************************************
i Carryover from 2014 not applied (see instructions)		· · · · · · · · · · · · · · · · · · ·	
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from			727
Section D, line 7 \$			
; a Applied to underdistributions of prior years		***************************************	·
a b Applied to 2019 distributable amount	Speliations and as		
a.c 'Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if			
any Subtract lines 3g and 4a from line 2 For result		ļ	***************************************
greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h			
and 4b from line 1 For result greater than zero, explain in	1,2 <u>1717</u> 1		
7 h Excess distributions carryover to 2020. Add lines 3j	Appent To		Ciril and
and 4c  8 Breakdown of line 7.		<del></del>	<del>                                     </del>
a Excess from 2015			
b Excess from 2016			
1. C. Excess from 2017			
* 18 d Expect from 2018	u w.s.		· · · · · · · · · · · · · · · · · · ·
r e Excess from 2019			I

\* P Advan

Schedule A (Form 990 or 990-EZ) 2019

O Fan Willer

1255

======

G Fartillist SO AVENTAGE HSSW 11/16/2020 10 32 AM

HOUSING SOLUTIONS FOR THE SOUTHWEST 84-0853925 Schedule A (Form 990 or 990-EZ) 2019

Page 8

-446-194-194-1°

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part 550 ce III nine 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section 2 a Brooks B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, a & Sa, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

---

1

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ no cross. 0 g Phylin isc 77.7K #5 149 4 11 · L., Giál ... -----· Pr (14, u / · c Egopusundar E U Capitas P ٠,٠١٠ ب **◄٩؞ڎڹٳڮ؞** a & fivir ------ . --The The The Priffing is The Expusion ' PM PF. . 4. Descui 54 . 1 E G EMOSIS F بهري الآلامي - ۲۹۵۵ a & Bam Sec O Mina 1. Frenchiller THE FRANCES 1249 34 7 A EMPREMIE 3 6 francis fo 4.0 . حادثان للتنائد L& Bor <u>::</u> LENT MIST ور المد الماريسيوسة المعالم الماريسيوسة See 21. **《这些证明》**是一类。。

<u>∽ectir</u>

<u>La Anime</u>P

DAA & Barr

Schedule A (Form 990 or 990-EZ) 2019

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.

OMB No 1545-0047 Open to Public Inspection

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

Name of the organization		Employer identification	number
HOUSING SOLUTIONS FOR THE SOUTHWEST			
(FORMERLY SOUTHWEST COMMUNITY RESOU		84-0853925	5
Part I Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	ids or Other Similar Funds or A Form 990, Part IV, line 6	Accounts.	
	(a) Donor advised funds	(b) Funds and	other accounts
1 Total number at end of year			
2 Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
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 excl			Yes No
6 Did the organization inform all grantees, donors, and donor advisors in			
only for chantable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose		wings
conferring impermissible private benefit?			Yes No
Part II Conservation Easements.			
Complete if the organization answered "Yes" on F	form 990, Part IV, line 7		
1 Purpose(s) of conservation easements held by the organization (check	all that apply)		
Preservation of land for public use (for example, recreation or educ	ation) Preservation of a historically	important land area	
Protection of natural habitat	Preservation of a certified his	stone structure	
Preservation of open space			
2 Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation	
easement on the last day of the tax year		Held at the	End of the Tax Year
a Total number of conservation easements		2a	
ு Total acreage restricted by conservation easements		2b	
c Number of conservation easements on a certified historic structure incli	uded in (a)	2c	`
d Number of conservation easements included in (c) acquired after 7/25/0	06, and not on a		
historic structure listed in the National Register		2d	# 10 to 100 =
3 Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organizat	on dunng the	
tax year ▶			
4 Number of-states where property subject to conservation easement is I	ocated >		
5. Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of		
Lyjolations, and enforcement of the conservation easements it holds?	7 200 - 1		Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling or	f violations, and enforcing conservation ea	asements during the	year
<b>&gt;</b>			
7 Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easem	nents during the year	•
<b>▶</b> \$			
8 Does each conservation easement reported on line 2(d) above satisfy to	the requirements of section 170(h)(4)(B)(i)	)	
ு and seoton 170(h)(4)(B)(။)?			Yes No
9ে বিশেশিরা সামী, describe how the organization reports conservation easeme	ents in its revenue and expense statemen	t and	
balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	escribes the	
organization's accounting for conservation easements			
Part III Organizations Maintaining Collections of Art,		Similar Assets.	•
Complete if the organization answered "Yes" on F			· · ·
1a. If the organization elected, as permitted under FASB ASC 958, not to n	-		
of art, historical treasures, or other similar assets held for public exhibitions.		of public	
, service; provide in Part XIII the text of the footnote to its financial stater			
b If the organization elected, as permitted under FASB ASC 958, to report			
art, historical treasures, or other similar assets held for public exhibition	, education, or research in furtherance of	public service,	
provide the following amounts relating to these items		<b>.</b> .	
(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$	
(ii) Assets included in Form 990, Part X	N-	▶ \$	
2 If the organization received or held works of art, historical treasures, or		ivide the	W Michael 2
of following amounts required to be reported under FASB ASC 958 relating	g to tnese items	<b>.</b> .	
a Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$	
b Assets included in Form 990, Part X		<b>▶</b> \$	

171.01.

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

Schedule D (Form 990) 2019

\* 10142 Ant 124

			FOR THE SU					Page 2
<u> Pa</u>	art III , Organizations Maintaining						s (continue	rd)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ls, check any of the fo	ollowing that ma	ike significant ι	ise of its		
a b	H	d e	Loan or exchange pr	ogram			-	
	$H_{-}$	• 🗆	Oulei					
C 4	Provide a description of the organization's of	collections and evolution	n how they further the	organization's	evernt numes	e in Part		
		chections and explain	in now they lattice the	Grigariizadoris	exempt pulpos	C III Fait		
· 3	. XIII ວັນທຸກສູງthe∍year, did the organization solicit	or receive donations	of art historical treas	ures or other s	ımılar		: "	-ma)
	assets to be sold to raise funds rather than				armar		Yes	□ No
Pa	art IV Escrow and Custodial A							
	Complete if the organization	n answered "Yes	" on Form 990, Pa	art ĮV, line 9,	or reported	an amount	on Form	
	990, Part X, line 21.				,			
-1	ls the organization an agent, trustee, custoo	dian or other intermed	diary for contributions	or other-assets	not			<u></u>
	included on Form 990, Part X?						Yes	X No
-îD	If Yest rexplain the arrangement in Part XII	I and complete the fo	ollowing table 1	Arki ' J			Amount	·
_	Beginning balance					4-	Amount	
4	Additions during the year					1c		
u 0	Distributions during the year					1e		
f						1f		
2a		Form 990 Part X line	e 21 for escrow or cu	ustodial account	liability2	_ ''	Yes	X No
• 1	If Mes, Kexplain the arrangement in Part XII				•		☐ 168	H "
	art V Endowment Funds.	_ origon flore is also e	*1					
	Complete if the organization	n answered "Yes	" on Form 990. Pa	art IV. line 10	)			
		(a) Current year	(b) Pnor year	(c) Two years		Three years back	(e) Four ye	ars back (
1a	Beginning of year balance					•	1	··
	Contributions			-01: <sub>21</sub> Po				
	Net investment earnings, gains, and							
	lôsšes.		1.	( p .,				
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 cur	rent year end balanc	e (line 1g, column (a)	) held as				
	Board designated or quasi-endowment	%		∗⊬ฮก <sup>ผูว</sup>				111
c,p	*Pèrmanent endowment ▶ %			··				
c	Term endowment ► %						Manual Advantage of the	
	The percentages on lines 2a, 2b, and 2c sh	·		- ;				14 30 A .
	Are there endowment funds not in the posse	ession of the organization	ation that are held and		for the		_	
	organization by			en \$2			Ye	s No
	(i)) Umrelated organizations						3a(i)	<del></del>
	(ii) Related organizations			1/2			3a(ii)	+
_	If "Yes" on line 3a(ii), are the related organiz	•					3b	
<u>4</u>	Describe in Part XIII the intended uses of the		owment funds					
<u> </u>	Land, Buildings, and Equal Complete if the organization	-	on Form 990 Pa	ort IV line 11	a Saa Earn	000 Port	Y line 10	
	Description of property	(a) Cost or other	T .	other basis	(c) Accumula		(d) Book valu	
2	FITHING AUSO,	(a) cost of other (investment)	\	ner) alet ven	depredation		(u) book valu	В
	Candt das'			01,051	,		201	,051
N1	Buildings		<u> </u>	5,670		110		,560
	Leasehold improvements		2	08,359		3,334		,025
-	Equipment		<del>_</del>	23,215		5,112		,103
	Other		<del></del>	62,632		,565		,067
	I. Add-lines, 1a through 1e (Column (d) must	equal Form 990. Par				•		,806
	App Chearnes	-				Sched	dule D (Form 9	
	Killareala.			en Militari		23.100	- 4	-,

\*\*\*

Same

"(1f., 1f.);

DAA

r William.

-44/13/20 ---

Part VII Investments – Other Securities.	152 -0 -		
TO ANY MEDICAL COmplete if the organization answered "Yes" on F			
(a) Description of security or category	(b) Book value . بريد	(c) Method of valuation (T) [ ]	F. 7
(including name of security)	No. (P) L. J	Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely held equity interests		7,00 1	173
(3) Other			
12 (B) (136 ) september 12 (B) (136 ) september 12	_ <u>_</u>	-	
74 (C) 1814 15 17 17 17 17 17 17 17 17 17 17 17 17 17			-
(D)	77 Agh =		
(E)		** *** *	_
(F)			
(G)		· ·	
(H)	2 N / 3:-		
Total. (Column (b).must equal Form 990, Part X, col (B) line 12)	`~* IV,, lir	o - d Nyddia	<u> </u>
Part VIII investments – Program Related.	اخبره		51
Complete if the organization answered "Yes" on F	om 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation	
	٠.	Cost or end-of-year market value	1.3
(1) INVESTMENT IN HOUSING SOLUTIONS, LLC	1,308,189	MARKET	
(2)	4 17		
(3) B) 114 1-modeling			
(4)(Ci)+3 + exect.	, ,		
(5)	-		
(6)			
(7)		•	
(8)	·		
(9)		• •	_
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	1,308;\189		
Part, IX: Lat Other Assets.	اطدن-	ν» 21/105	<del>-</del>
Complete if the organization answered "Yes" on F			
(a) Description	onn 990, Fait IV, inle	(b) Book value	
		(b) book vaide	
	NO THOME HOLL	927 50	<u> </u>
(1) NOTES RECEIVABLE FROM L	OW INCOME HOU		_
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN	OW INCOME HOU PROGRESS	827,50 311,22	_
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN			_
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (1) (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	PROGRESS		_
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	PROGRESS		_
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (1) (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	PROGRESS		_
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	PROGRESS		_
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (4) (5) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	PROGRESS	311,22	_
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (5) (C) (1) (1) (1) (6) (6) (7)	PROGRESS	311,22	_
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (1.1. (1.1.) (1.1.) (2.1.) (5) (7) (7.1.) (7.1.) (8) (9)	PROGRESS	311,22	28
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	PROGRESS	311,22	28
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (7) (7) (8) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) (Part X: Liab Other Liabilities.	PROGRESS	311,22 ▶ 1,138,72	28
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (1) (4) (5) (5) (7) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  1. Part X and Other Liabilities.  Part Mark Complete if the organization answered "Yes" on F	PROGRESS	311,22 ▶ 1,138,72	28
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (4) (4) (4) (5) (6) (7) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) (Part X Ab Other Liabilities. For Mark Complete if the organization answered "Yes" on Figure 25.	PROGRESS	311,22  ▶ 1,138,72  11e or 11f See Form 990, Part X,10F	28
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (5) (7) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) (Part X Ab Other Liabilities. Fact of the Complete if the organization answered "Yes" on Figure 25.  1. (a) Description of liability	PROGRESS	311,22  ▶ 1,138,72  11e or 11f See Form 990, Part X,10F	28
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (5) (7) (6) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) (Part X and Other Liabilities. For Single Complete if the organization answered "Yes" on Figure 25.  1. (a) Description of liability (1) Federal income taxes	PROGRESS	311,22  1,138,72  11e or 11f See Form 990, Part X;10 €  (b) Book value	28 
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (1) (5) (7) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) (Part X Land Other Liabilities. Factorial Complete if the organization answered "Yes" on Figure 25.  1. (a) Description of liability (1) Federal income taxes (2) NOTE PAYABLE	PROGRESS	311,22  ▶ 1,138,72  11e or 11f See Form 990, Part X,10F	28 
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (1) (5) (7) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) (Part X A. Other Liabilities. For line 25.  1. (a) Description of liability (1) Federal income taxes (2) NOTE PAYABLE	PROGRESS	311,22  ▶ 1,138,72  11e or 11f See Form 990, Part X,10F  (b) Book value	28 
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (1) (5) (7) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) (A) (Column (b) must equal Form 990, Part X, col (B) line 15) (B) (Complete if the organization answered "Yes" on Figure 25.  (a) Description of liability (b) Federal income taxes (c) NOTE PAYABLE	PROGRESS	311,22  ▶ 1,138,72  11e or 11f See Form 990, Part X,10F  (b) Book value	28 
(1) NOTES RECEIVABLE FROM L  (2) HOUSING CONSTRUCTION IN  (3) (4) (3) (4) (3) (4) (4) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  1. Part X (1) Other Liabilities.  For part X (2) (3) Description of liability  (1) Federal income taxes (2) NOTE PAYABLE  (3) (4) (3) (5) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	PROGRESS	311,22  ▶ 1,138,72  11e or 11f See Form 990, Part X,10F  (b) Book value	28 
(1) NOTES RECEIVABLE FROM L  (2) HOUSING CONSTRUCTION IN  (3) (4) (3) (1) (4) (5) (1) (6) (5) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  (5) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	PROGRESS	311,22  ▶ 1,138,72  11e or 11f See Form 990, Part X,10F  (b) Book value	28 
(1) NOTES RECEIVABLE FROM L  (2) HOUSING CONSTRUCTION IN  (3) (4) (3) (1) (4) (5) (1) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  (5) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  (4) (5) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	PROGRESS	311,22  ▶ 1,138,72  11e or 11f See Form 990, Part X,10F  (b) Book value	28 
(1) NOTES RECEIVABLE FROM L  (2) HOUSING CONSTRUCTION IN  (3) (4) (3) (5) (C) (7) (6) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  (A) (B) (Part X and Other Liabilities.  (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	PROGRESS	311,22  ▶ 1,138,72  11e or 11f See Form 990, Part X,10F  (b) Book value	28 
(1) NOTES RECEIVABLE FROM L  (2) HOUSING CONSTRUCTION IN  (3) (4) (3) (1) (4) (5) (1) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  (5) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  (4) (5) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	PROGRESS	1,138,72  1,138,72  11e or 11f See Form 990, Part X, 10 €  (b) Book value  201,99	28
(1) NOTES RECEIVABLE FROM L  (2) HOUSING CONSTRUCTION IN  (3) (4) (3) (1) (4) (5) (1) (1) (6) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  (A) (B) (Complete if the organization answered "Yes" on Figure 25.  (A) Description of liability  (B) (Column (b) must equal Form 990, Part X, col (B) line 25)  (A) (B) (Column (b) must equal Form 990, Part X, col (B) line 25)	PROGRESS	1,138,72  11e or 11f See Form 990, Part X; 1. 0 €  (b) Book value  201,99	28
(1) NOTES RECEIVABLE FROM L (2) HOUSING CONSTRUCTION IN (3) (4) (3) (4) (5) (7) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) (Part X and Other Liabilities. (9) Fart Millian Complete if the organization answered "Yes" on Fart Millian (a) Description of liability (1) Federal income taxes (2) NOTE PAYABLE (3) (4) (5) (1) (2) (1) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Clashilly for uncertain tax positions in Part XIII, provide the text of the footi	PROGRESS   The state of the organization's financial state of the orga	1,138,72  11e or 11f See Form 990, Part X; 1 0.5  (b) Book value  201,99  inancial statements that reports the	28 28 31 28 38 38 38 38 38 38 38 38 38 38 38 38 38
(1) NOTES RECEIVABLE FROM L  (2) HOUSING CONSTRUCTION IN  (3) (4) (3) (1) (4) (5) (1) (1) (6) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  (A) (B) (Complete if the organization answered "Yes" on Figure 25.  (A) Description of liability  (B) (Column (b) must equal Form 990, Part X, col (B) line 25)  (A) (B) (Column (b) must equal Form 990, Part X, col (B) line 25)	PROGRESS   The state of the organization's financial state of the orga	1,138,72  11e or 11f See Form 990, Part X; 1 0.5  (b) Book value  201,99  inancial statements that reports the	28 28 31 28 38 38 38 38 38 38 38 38 38 38 38 38 38

20 62 12 12 12 P. J.

- nodino

ZIC.

Schedule D (Form 990) 2019 HOUSING SOLUTIONS FOR THE	SOUTHWEST 84-08539	25	↑ Page 4
Part XI Reconciliation of Revenue per Audited Financial S	tatements With Revenue per F	Return.	
Complete if the organization answered "Yes" on Form	990, Part IV, line 12a		
Total revenue, gains, and other support per audited financial statements		_ 1	637,805
23 (Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments			
<b>b</b> Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c :		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	
23 Subtract line 2e from line 1	412 74 74	3	637,805
Amounts included on Form 990, Part VIII, line 12, but not on line 1	11601 10		不是認
35.a11Investment expenses not included on Form 990, Part VIII, line 7b	₩ <u>₽</u> ,4a		
b Other (Describe in Part XIII)	4b		
Add lines 4a and 4b	**	4c	Pagis A
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	<u>637,805</u>
Part XII Reconciliation of Expenses per Audited Financial		r Return.	
MARIOTAL reve Complete if the organization answered "Yes" on Form	990, Part IV, line 12a		
1.√. Total expenses and losses per audited financial statements	-i	1	808,251
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a	_	
b Prior year adjustments	2b	<b>.</b>	
c Other losses	2c	-	
d Other (Describe in Part XIII)		_	
e Addulines 2a through 2d	74.4.1 2.4°	2e	
3 4 Subtract line 2e from line 1	· rafine	3	<u>808,251</u>
S42 TAmounts included on Form 990, Part IX, line 25, but not on line 1	₽a.		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		-
b Other (Describe in Part XIII )	4b		" Pagin
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 10	8) -155	5	808,251
Part XIII V Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part V, line 4,	Part X, line	
2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	provide any additional information		
PART X - FIN 48 FOOTNOTE			
	·		
HSSW IS EXEMPT FROM INCOME TAX AS PROVID	DED UNDER SECTION 50	)1 (C) (3	) OF THE
	COME DERIVED FROM U	NRELATI	
ं द्वीक Sithtrace has	" that in		
ACTIVITIES. THE ORGANIZATION ADOPTED A	CCOUNTING REQUIREMEN	ITS THE	<b>VT</b>
PRESCRIBE WHEN TO RECOGNIZE AND HOW TO	MEASURE THE FINANCIA	AL STA	PEMENT CALL
EFFECTS OF INCOME TAX POSITIONS TAKEN OF	R EXPECT <u>ED</u> TO BE TAK	EN ON	ITS INCOME
inationalities So			
TAX RETURNS, INCLUDING THE POSITION THAT		CONTINU	ES TO
	2 Strong		
QUALIFY TO BE TREATED AS A TAX-EXEMPT OF	KGANIZATION FOR BOTH	FEDEF	KAL AND
STATE INCOME TAX PURPOSES. THESE RULES	REOUIRE MANAGEMENT	TO EV	LUATE THE
		·	<del></del>

 $_{\mathbb{S}}$  LIKELIHOOD THAT, UPON EXAMINATION BY RELEVANTETAXING JURISDICTIONS,

n mada

· HEE'V

·UM·

1.74

mer may make the first

ुंके क्षांत्राविक क्षेत्र क्ष

·Partexillave So. DANTAGE

÷. •

Schedule D (Form 990) 2019

THOSE

77877253

Part XIII Supplemental Information (continued)

BASED ON THAT EVALUATION, IF IT WERE MORE THAN 50% PROBABLE THAT A MATERIAL AMOUNT OF INCOME TAX WOULD BE IMPOSED AT THE ENTITY LEVEL UPON EXAMINATION BY THE RELEVANT TAXING AUTHORITIES, A LIABILITY WOULD BE RECOGNIZED IN THE ACCOMPANYING BALANCE SHEET ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM THAT ASSESSMENT. IF THE ORGANIZATION HAS UNRELATED BUSINESS INCOME, THE FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990T) WOULD BE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THREE YEARS AFTER FILING. SHOULD ANY PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS MANAGEMENT AND GENERAL EXPENSES.

٠.

BASED ON THE RESULTS OF MANAGEMENT'S EVALUATION, THE REQUIREMENTS DID NOT HAVE A MATERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

CONSEQUENTLY, NO LIABILITY IS RECOGNIZED IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF FINANCIAL POSITION FOR UNCERTAIN INCOME TAX POSITIONS.

THE ORGANIZATION'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

man page

~ : . ::·

. . . .

FACE 2 NO

----

"SHE! SHE"

3. (12 8 .)"

. . .

\* 3,2, . .

₹
8
2
8
8
Ξ
<u>`</u>
ŦSS.

HOUSING SOLUTIONS FOR THE SOUTHWEST   Remaindered   Rema	- <b>▲</b> I	ifm 9 C ▶ Attach to Förm 990.	990. the latest information	<u>y</u> . ,	වීලා	Open to Public Inspection
maintain of Graffs and Assistance maintain records to substantiate the amount of the draft to award the grants or assistance? organization's procedures for monitoring the use id Other Assistance to Domestic Org	SOUTHWEST	ST		٠	щ <b>8</b> 0	Employer Identification number 84-0853925
d Other Assistance to Domestic Org	ne grants or ass	grants or assistance, the grantees' orant funds in the United States	eligibility for the grant	s or assistance, ar	Þ	X Yes
Part IV, line 21, for any recipient that received more	ganizations re than \$5.0	<b>izations and Domestic Governments.</b> Complete if the organization than \$5,000. Part II can be duplicated if additional space is needed	overnments. Conducated if addit	iplete if the org	anization answ needed	ered "Yes" on Form 990
(a) Name and address of organization (b) EIN or government	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SERVICES	1					SUPPORTIVE SERVICES
CO 81321 84-6000786 AMERICA	36	16,000		FMV		
STREET CO 80205 84-0430995	95	13,019		FMV		SUPPORTIVE SERVICES
(3) MONTEZUMA PUBLIC TRANSPORTATION 140 W. MAIN STREET						SUPPORTIVE SERVICES
CO 81321 84-6000786	36	15,742		FMV		
,	,					
_	- :					
. T		li c	.4.		,	#& on
			- 		<b>ቁ</b> ፣ ኤ ንተ	
						:
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	sted in the line	1 table			শহ	<b>A A</b>
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		61 36 1		33	<b>13.</b>	Schedule I (Form 990) (2019)

Sold Figure

17 .,

۲۰

32 AW

Schedule I (Form 990) (2019) \$.1°9 5,42 한 13 F 186 £ 12 <u>تاري</u> €, : ₹ 4 7

新聞

ŋ

٠.٦٠

- }

٥

't <sub>z</sub>

## SCHEDULE L

(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047

Open To Public Inspection

Name of the organization

HOUSING SOLUTIONS FOR THE SOUTHWEST

(FORMERLY SOUTHWEST COMMUNITY RESOU

Employer identification number

84-0853925

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person and (d) Corrected? (c) Description of transaction organization TI. 1 4-4 (1) (2) (3) (4) (5) 17 880, ra. 1. (6) 2 ந்து ter, the amount of tax incurred by the organization managers or disqualified persons during the year

2 comparing amount of tax incurred by the organization managers or disqualified persons during the year section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

\$ \int \text{\$ \text{} \text{\$} \t

Part II | Loans to and/or From Interested Persons.

▶	\$	"inhic	_
	•		

_ Complete if the organization answered	d "Yes" on For	m 990-EZ, Par	t V, I	ine :	38a or Form 990,	Part IV, line 26,	or if the	he				
第二番 *fordanization reported an amount on F					1							
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) to or the	from	(e) Onginal — principal amount	(f) Balance due	(g) In	default?	by bo	oproved eard or nittee?		Intten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)		_								,	1	
(2)				Ťì	180 - mil - 1							
2 bener berar					. 10					•	, Dim	
(4)										•		
(5)												
(a) Fig. 72 (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d					1.0					_		
<u>(1)</u>												
(8)										,	4	
				,	, .,							
(10) (1) 1/4 (					1					•	.e	
Total					▶ \$							

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance 27 年 新 海河 person and the organization (1) PAULETTÉ GASNER BOARD MEMBER 92,016 RLF LOAN HOME LOAN (2) (3) (4) (5) (6) .(7). 学生 今 11(9) (10)

معاراته مد

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

Schedule L (Form 990 or 990-EZ) 2019

HSSW 11/16/2020 10 32 AM

chedule L (Form 990 or 990-EZ) 2019 HOUSING S	OLUTIONS FOR	THE SOUTHWES	ST 84-0853925	Page 2
Part IV Business Transactions Involving  Complete if the organization answered "Yes"	Interested Persons.	 282 285 or 280		
Complete if the organization answered Yes	on Form 990, Part IV, line A	288, 280, OF 28C		(e) Shanng
(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	of org revenues?
	organization			Yes No
1) PAULETTE GASNER	BOARD MEMBER	92,016	LOAN FOR HOME REHAB	Т Х
(2)				
(3)		} . 1		<del>                                     </del>
4) : -: ;			· · · · · · · · · · · · · · · · · · ·	<del> </del>
(5)		t viens		<del>   </del>
<u>7</u> ).			n,	A I-Ez Y
8)			-	
9)		i i		
O)art IV Bus				
Part V. L. Supplemental Information.		to Kills anymentari		
Provide additional information for responses	to questions on Schedule L	(see instructions)		
				Yes I No
		To the state of th		
official francis (a rain succession and a second				a t
<b>3</b>				
			·····-	
iĝi.			ĺ	1. E. 1
		<del></del>		
Bat IV bus		,		
Part V. F	<del></del>	· Stiller		
of 11 minutes and propriet and a second and		Tiller Tipsii,		
				1 YES   10-
	· · · - · · · · · · · · · · · · · · · ·			
in Tables or whose the potation is, written to receive a receive or 1.5 } }		Annual Company of the		
27)			<del></del>	1 (
<u>II. j</u>		·		
a.m.		•	* c <sub>1</sub>	1 <u>5 - 1</u>
	<u> </u>			<b>1</b> ∼ •
One was a second of the second				
Part IV bus				
CAN N		1 ( )L )4		
		11,21	· · · · · · · · · · · · · · · · · · ·	
				Yes I'm
	·· <del>-</del> · ·			
regs. Grant String day supple substitute of the present of		• <u> </u>		
43				<u> </u>
		ميره ۱		
The .	-			j (
			,	ا ا
), , V				
and V S			Schedule L (Form 990 or 99	0-EZ) 2019
•		Carlot Carlot		
AA				

SCHEDULE O (Form 990 or 990-EZ) 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

Internal Revenue Service

Department of the Treasury

Name of the organization HOUSING SOLUTIONS FOR THE SOUTHWEST (FORMERLY SOUTHWEST COMMUNITY RESOU Employer identification number 84-0853925

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES THE MISSION OF HOUSING SOLUTIONS FOR THE SOUTHWEST IS TO LEAD THE WAY IN PROVIDING HELP, HOPE, AND A SEAMLESS SYSTEM OF AFFORDABLE HOUSING SERVICES TO OUR COMMUNITIES IN SOUTHWEST COLORADO.

+• , •

HOUSING SOLUTIONS FOR THE SOUTHWEST IS REGARDED BY OUR PEER AGENCIES, FINANCIAL SUPPORTERS AND CLIENTS AS THE PREMIER PROVIDER OF:

- NEW HOUSING DEVELOPMENTS
- REVERSE MORTGAGE COUNSELING
- HOUSING COUNSELING
- EMERGENCY HOMELESS PREVENTION
- HOMELESS PREVENTION AND RAPID REHOUSING
- CHOMEOWNER REHABILITATION
- RENTAL ASSISTANCE
- WEATHERIZATION SUPPORT TO THE ECONOMICALLY DISADVANTAGED IN WESTERN COLORADO -
- F . 32 W

FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF HOUSING SOLUTIONS FOR THE SOUTHWEST IS TO LEAD THE WAY IN PROVIDING HELP, HOPE, AND A SEAMLESS SYSTEM OF AFFORDABLE HOUSING SERVICES TO OUR COMMUNITIES IN SOUTHWEST COLORADO.

HOUSING SOLUTIONS FOR THE SOUTHWEST IS REGARDED BY OUR PEER AGENCIES, FINANCEAL SUPPORTERS AND CLIENTS AS THE PREMIER PROVIDER OF:

- NEW HOUSING DEVELOPMENTS
- REVERSE MORTGAGE COUNSELING
- HOUSING COUNSELING

PROVIDEN

, , ,

Employer identification number

84-0853925

- TIME WILLS PREVENTION
   EMERGENCY HOMELESS PREVENTION
- HOMELESS PREVENTION AND RAPID REHOUSING
- HOMEOWNER REHABILITATION
- RENTAL ASSISTANCE
- WEATHERIZATION SUPPORT TO THE ECONOMICALLY DISADVANTAGED IN WESTERN
  COLORADO

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT HOUSING COUNSELING:

HOUSING SOLUTIONS OFFERS SEVERAL TYPES OF HOUSING COUNSELING, OFTEN IN CONJUNCTION WITH FINANCIAL ASSISTANCE. COUNSELING SERVICES HELP IDENTIFY ISSUES AND SOLUTIONS, AS WELL AS EDUCATE INDIVIDUALS AND FAMILIES ON HOUSING OPTIONS.

EMERGENCY ASSISTANCE PROGRAM:

THIS PROGRAM COMBINES MULTIPLE FUNDING SOURCES TO HELP PEOPLE WITH BOTH
FINANCIAL ASSISTANCE AND COUNSELING. DEPENDING ON THE NEEDS OF THE
INDIVIDUAL OR FAMILY, THE COUNSELOR IDENTIFIES POTENTIAL PROGRAMS THAT THE
PERSON WOULD QUALIFY FOR AND BENEFIT FROM IN A SUSTAINABLE WAY. MOST OF
THE FINANCIAL ASSISTANCE GOES TOWARDS RENT OR UTILITIES. ONE EXAMPLE IS THE
COMMUNITY EMERGENCY ASSISTANCE PROGRAM WHICH HELPS FAMILIES AND INDIVIDUALS
IN EMERGENCY SITUATIONS. THE ASSISTANCE CAN PAY FOR LATE RENT/UTILITIES,
CARREPAIR AND/OR INSURANCE, CHILD CARE OR OTHER EMERGENCY NEEDS. THE GOAL
IS TO HELP A FAMILY MAINTAIN SELF-SUFFICIENCY. RECIPIENTS ALSO RECEIVE
MANDATORY COUNSELING TO HELP WITH BUDGETING, AFFORDABLE HOUSING SEARCH
ASSISTANCE AND OTHER NEEDS. SOME OF THE FUNDING SOURCES ALLOW FOR LONGER
TERM FENTAL ASSISTANCE AND COUNSELING. ASSISTANCE INCLUDES RESPONSE TO
DISASTER SITUATIONS, INCLUDING FIRE AND COVID RELATED ECONOMIC AND HOUSING

Name of the organization

HOUSING SOLUTIONS FOR THE SOUTHWEST

Employer identification number

84-0853925

ISSUES.

WHITE .

REVERSE MORTGAGE COUNSELING:

SENIORS WANTING TO USE THE EQUITY IN THEIR HOME TO EITHER ELIMINATE THEIR MORTGAGE PAYMENT OR AS A MEANS TO INCREASE THEIR INCOME ARE REQUIRED TO HAVE ACCEPTIFICATE FROM A THIRD PARTY COUNSELING AGENCY (HUD APPROVED) IN ORDER TO OBTAIN A HOME EQUITY CONVERSION MORTGAGE (HECM). WE ARE THE ONLY COUNSELING AGENCY IN THE REGION OFFERING THIS COUNSELING SERVICE.

WELLED.

EORMR 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

TRANSITIONAL HOUSING/RAPID RE-HOUSING:

AMPHAN 14.

HOMELESS INDIVIDUALS AND FAMILIES PARTICIPATING IN THE RAPID REHOUSING AND STRANSETIONAL HOUSING PROGRAMS RECEIVE RENTAL ASSISTANCE AND SUPPORTIVE SERVICES THAT PROMOTE LONG-TERM STABILITY. EACH PARTICIPANT WORKS CLOSELY WITH AN ADVOCATE TO CREATE A UNIQUE, SELF-DIRECTED GOAL PLAN WHICH CONNECTS HOUSEHOLDS TO COMMUNITY RESOURCES. LONG-TERM GOALS SUCH AS EDUCATION. CAREER PLANNING, HEALTHY CHILD DEVELOPMENT, BUDGETING, AND LIVABLE WAGE EMPLOYMENT CAN BE ACHIEVED WITH STABLE HOUSING IN PLACE. HOUSING SOLUTIONS RECENTLY ADDED AN ADDITIONAL TRANSITIONAL HOUSING PROGRAM FOR VICTIMS OF CRIMERTIF THE CRIME IMPACTED THE VICTIM'S HOUSING STABILITY. DEPARTMENT OF JUSTICE SELECTED HOUSING SOLUTIONS TO BE THE LEAD AGENCY OF A TRANSITIONAL HOUSING PROGRAM SPECIFICALLY TO PROVIDE COMPREHENSIVE SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ANA SAULT. HOUSING SOLUTIONS CONTABORATES WITH LOCAL AGENCIES THAT PROVIDE SERVICES AND SHORT-TERM " " " SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT ON THIS ALSO, HOUSING SOLUTIONS COUNSELS PARTICIPANTS AND ASSIST WITH PROGRAM. RENTALL ASSISTANCE AND OTHER SUPPORTIVE SERVICES. HOUSING SOLUTIONS COLLABORATES WITH THE VOLUNTEERS OF AMERICA ON A SHORT-TERM HOUSING

PAGE 2 OF 5

متعليقيكيه

Schedule: Os(Form 990 or 990-EZ) (2019)
Name of the organization

and the late

703 D - 4

Page 2

84-0853925

はない はかれません

Same ?

HOUSING SOLUTIONS FOR THE SOUTHWEST

ASSISTANCE PROGRAM, SPECIFICALLY FOR VICTIMS OF CRIME.

TITLE TO THE TOTAL OF THE PARTY

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

HOUSING VOUCHER MANAGEMENT:

THIS PROGRAM IS DESIGNED FOR FAMILIES AND INDIVIDUALS TO PAY 30% OF THEIR

SCENCOME OF TOWARD RENT AND UTILITIES. PREFERENCES FOR MOST OF THE VOUCHERS - Done ?

INCLUDE PEOPLE WITH A DISABILITY, EXPERIENCING HOMELESSNESS OR VICTIMS OF THE DOMESTIC VIOLENCE. THIS PROGRAM IS AN ONGOING ASSISTANCE DESIGNED TO WORK

WITH FAMILIES UNTIL 30% OF THEIR INCOME IS EQUAL TO OR LESS THAN THEIR

MONTHLY RENT AND UTILITIES. HOUSING SOLUTIONS ALSO MANAGES HOUSING VOUCHERS

FOR HOMELESS VETERANS, YOUTH TRANSITIONING FROM FOSTER CARE AND VOUCHERS—

FOR FAMILY REUNIFICATION.

SCERISIS INTERVENTION PROGRAM:

THE CRISIS INTERVENTION PROGRAM PROVIDES EMERGENCY REPAIR OR REPLACEMENT.

HEATINGMSYSTEM FAILURES CAN BE EXTREMELY DANGEROUS AND THIS PROGRAM CAN BE LIFE-SAVING IN CERTAIN SITUATIONS.

AFFORDABLE HOUSING AND DEVELOPMENT:

HOUSING SOLUTIONS IS INVOLVED IN BUILDING AND DEVELOPING AFFORDABLE HOUSING CONTROL OF THEOUGH' TAX CREDIT PROJECTS, FOUNDATION PARTNERSHIPS, GOVERNMENTAL PARTNERSHIPS, PRIVATE PARTNERSHIPS AND OTHER COLLABORATIONS. HOUSING COLUTIONS WAS THE NON-PROFIT PARTNER THAT BUILT 61 SINGLE FAMILY HOMES IN A SUBDIVISION CALLED SOUTHWEST HORIZON RANCH IN 1981. HOUSING SOLUTIONS EXERCISED THE RIGHT OF FIRST REFUSAL AND PURCHASED THE PROPERTY THIS YEAR AND IS NOW MANAGING THE PROPERTY. THE PROPERTY RENTS TO PEOPLE WITH INCOMES IN THE 40% TO 60% OF AREA MEDIAN INCOMES AND ACCEPTS PEOPLE WITH

PAGE 3 OF 5 THE PAGE 2

خ ہے

The first to the terminal and

Name of the organization

Employer identification number

HOUSING SOLUTIONS FOR THE SOUTHWEST

84-0853925

BUILDING FOR SENIORS AT SOCORRO SENIOR LIVING CENTER. THE AGENCY ALSO OWNS AND OPERATES HOMEWARD BOUND, A 5 UNIT AFFORDABLE HOUSING APARTMENT OPERATING UNDER THE TRANSITIONAL HOUSING MODEL IN \*COLLABORATION WITH THE ... CITY OF DURANGO WHICH OWNS THE PROPERTY. THE AGENCY PARTNERED WITH HABITAT FOR HUMANITY TO PROVIDE LAND AND FINANCING FOR LAND FOR HABITAT TO BUILD SCAFFORDABLE HOUSING. ALSO, THE AGENCY OWNS SEVERAL VACANT PARCELS ON WHICH AFFORDABLE HOUSING OPPORTUNITIES ARE BEING EXPLORED. HOUSING SOLUTIONS AND BLUELINE DEVELOPMENT WERE RECENTLY APPROVED FOR EITHTC FUNDING TO BUILD AND 40 UNIT SUPPORTIVE HOUSING PROJECT, ESPERO, TO SERVE PEOPLE EXITING HOMELESSNESS THAT HAVE A DISABLING CONDITION. -ESPERO WILL PROVIDE HOUSING CONSTRUCTION STARTED IN 2020 AND SERVICES IN THE SAME BUILDING. AND THE PROJECT COMPLETION DATE IS FALL OF 2021.

SALESTORDAD!

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS IN DETAIL WHO THEN APPROVED THE FORM 990 PRIOR TO FILING IT WITH THE IRS.

REMELES

ムされい

~ 12 427 1788 C

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL EMPLOYEES AND BOARD MEMBERS ARE PRESENTED WITH THE CONFLICT OF INTEREST

COPOLICYALWHEN JOINING THE ORGANIZATION. WHENEVER A NEW PROJECT OR GRANT IS

STARTED DISCLOSURES CONCERNING CONFLICT OF INTEREST ARE SIGNED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR HIRINGSTHE EXECUTIVE DIRECTOR THE BOARD INTERVIEWS QUALIFIED INDIVIDUALS FOR THE POSITION; UPON AGREEMENT FROM THE BOARD MEMBERS AN INDIVIDUAL IS DECIDED UPON; THE EXECUTIVE

DIRECTOR'S SALARY IS DETERMINED BASED ON THE INDIVIDUAL'S PRIOR EXPERIENCE

PAGE 4 OF 5

The Youter A-Contest

· DE DA

CONTRACT

- 12 5 75

---

\*\* 1985 M. THE PT.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

HOUSING SOLUTIONS FOR THE SOUTHWEST

Reployer identification number

84-0853925

AND INDUSTRY SALARY STANDARDS.

THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR HIRING ALL EMPLOYEES. THE EXECUTIVE DIRECTOR INTERVIEWS QUALIFIED INDIVIDUALS FOR THE POSITION AND DECIDES WHO TO EXTEND AN OFFER OF EMPLOYMENT: THE EMPLOYEE'S SALARY IS DETERMINED BASED ON THE INDIVIDUAL'S PRIOR EXPERIENCE AND INDUSTRY SALARY STANDARDS.

FORM: 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

THE ORGANIZATION'S FORM 990 IS AVAILABLE ON WWW: GUIDESTAR.ORG AND UPON

REQUEST.

BORMANDO, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

\*\* C.S.

wet line

western .

يورونه و الماس سرا

-41:00

تعلمه تاكا الاخطاري

FORM: 990

ROSINGRICA

EORM ~990

BOTTHER

PAGE 5 OF 5 TELL.

Schedule O (Form 990 or 990-EZ) (2019)

1535 ----

`~KY...

\*\*\*\*

NA CHESTANIAN EN IN

DAA

THORNE DOOR