	** PUBLIC DISCLOSURE COPY **								
	Ω	00	Return of Organization Exempt From			OMB No. 1545-0047			
For	m 🕽	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2020			
Depa	artment	of the Treasury	Do not enter social security numbers on this form as it may		c.	Open to Public			
		enue Service	► Go to www.irs.gov/Form990 for instructions and the lat ar year, or tax year beginning OCT 1, 2020 and ending		2021	Inspection			
	Check if		organization	D Employer		on numbor			
D i	applicab	le:	organization	D Employer	uentincati	on number			
	Addre	SOUT	HWEST HOUSING SOLUTIONS						
	Name	e Doing bu	usiness as	38-2	324335				
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone	e number				
	Final returr	y 5710	MICHIGAN AVENUE 3000	(313) 841-				
	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipt	ts \$	10,496,379.			
	Amer returr Appli	DEIK	OIT, MI 48210	H(a) Is this a					
	tion pend		nd address of principal officer: SEAN DE FOUR		ordinates?				
		SAME .		H(b) Are all sub					
		empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or SWSOL • ORG			See instructions			
		f organization:		H(c) Group e		ate of legal domicile: MI			
	art I	Summary				ale of legal dofficile. MI			
	1		e the organization's mission or most significant activities: SOUTHWES	T HOUSING	SOLUT	IONS IS			
e	1.		ZED AS A LEADER IN DEVELOPING & MANAGI						
nar	2	· · · · · · · · · · · · · · · · · · ·							
Governance	3	Number of vot	3	23					
						23			
s S	5	Total number	of individuals employed in calendar year 2020 (Part V, line 2a)		5	29			
vitie	6	Total number	of volunteers (estimate if necessary)		6	23			
Activities	7 a		business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Yea		Current Year			
ne	8		and grants (Part VIII, line 1h)	<u>1,299,</u> 2,739,		<u>4,194,854</u> . 3,596,750.			
Revenue	9		ce revenue (Part VIII, line 2g)	153,		-790,989.			
Be	10		ome (Part VIII, column (A), lines 3, 4, and 7d)	786,		315,321.			
	12		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) • add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,979,		7,315,936.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	171,		54,654.			
	14		o or for members (Part IX, column (A), line 4)		0.	0.			
s	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	1,597,	846.	1,612,707.			
Expenses	16a	Professional fu	Indraising fees (Part IX, column (A), line 11e)		0.	0.			
x De	. ь	Total fundraisi	ng expenses (Part IX, column (D), line 25)						
Ш	17	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)	3,335,		4,029,954.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,105,		5,697,315.			
	19	Revenue less	expenses. Subtract line 18 from line 12	-125,		1,618,621.			
t Assets or		-		Beginning of Curre		End of Year			
Ssei	20	Total assets (F		<u> 39,717,</u> 13,879,		<u>38,985,260.</u> 11,713,641.			
Net A	21 22		(Part X, line 26) und balances. Subtract line 21 from line 20	25,837,		27,271,619.			
	art II			23,037,		<u>.,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		-	declare that I have examined this return, including accompanying schedules and sta	ements, and to the h	pest of my kno	wledge and belief. it is			
	-		Declaration of preparer (other than officer) is based on all information of which prep		-	- <u></u>			

Sign	Signature of officer	Date						
Here	MICHELLE R. SHERMAN, CHIEF OPERATING OFFIC	ER						
	Type or print name and title							
	Print/Type preparer's name Preparer's signature Date PTIN							
Paid	TROY MARINE, CPA TROY MARINE, CPA	08/15/22 self-employed P00187863						
Preparer	Firm's name 🕒 BAKER TILLY US, LLP	Firm's EIN ▶ 39-0859910						
Use Only	Firm's address 777 E WISCONSIN AVENUE, 32ND FLOOR							
	MILWAUKEE, WI 53202 Phone no.414.777.5500							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2020) SOUTHWEST HOUSING SOLUTIONS 38-2324335 Page	, 2
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1		<u> </u>
•	Briefly describe the organization's mission:	
	SOUTHWEST HOUSING SOLUTIONS MISSION IS CARING PROFESSIONALS HELPING TO	
	IMPROVE THE COMMUNITY THROUGH HOUSING AND REAL ESTATE DEVELOPMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		
		10
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X h	lo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 5,432,631. including grants of \$54,654.) (Revenue \$4,151,677.	
4a		.)
	PROPERTY MANAGEMENT OF LOW INCOME/TAX CREDIT HOUSING. THE ORGANIZATION	
	PROVIDES PROPERTY MANAGEMENT AND LEASING SERVICES FOR 759 LOW INCOME	
	APARTMENT UNITS ANNUALLY.	
	SOUTHWEST HOUSING SOLUTIONS IS RECOGNIZED AS A LEADER IN PROVIDING	
	HIGH-QUALITY AFFORDABLE APARTMENTS AND TOWNHOUSES FOR RENT. WE PROVIDE	
	OPPORTUNITIES FOR ALL RESIDENTS TO WORK TOGETHER TO IMPROVE THE QUALITY	
	OF LIFE IN THE COMMUNITY. OUR MANAGEMENT TEAM IS EXPERIENCED AND	_
	BILINGUAL, AND COMMITTED TO RESIDENT SATISFACTION.	
	BILINGOAL, AND COMMITTED TO RESIDENT SATISFACTION.	
	DEVELOPMENT OF LOW INCOME/TAX CREDIT HOUSING. THE ORGANIZATION HAS	
	DEVELOPED 16 LIHTC PROPERTIES SINCE 1998 AND CONTINUES EFFORTS FOR	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		- '
		—
		—
		—
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
-10	(code) (Expenses » including grains of ») (nevenue »)	_ '
		—
		—
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 5,432,631.	
	Form 990 (20	201
		<u>د</u> ر)

Form 990 (SOLUTIONS				
Part IV Checklist of Required Schedules								

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
Ŀ.	Part VI	<u>11a</u>		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		х
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d	х	
е	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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SOUTHWEST HOUSING SOLUTIONS Part 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 organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a	24a 24b		- 23
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
		200		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00.		x
~~	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	30	23	I
	Chack if Schoolulo O contains a response or pate to any line in this Part V			
	Check in Schedule O contains a response of note to any line in this Part V		 Va -	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 25			
b		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Earts the number of employees reported on Form V-3, Transmittal of Wage and Tax Statements, include any endowed with or within the serie concerve the instruction 2a 2y	Form	990 (2020) SOUTHWEST HOUSING SOLUTIONS 38-2324	335	P	_{age} 5	
2a Enter the number of employees reported on From W43, Transmittal of Wage and Tax Statements, 2a 29 bit at least one is reported on Ima 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of times 1a and 2a is greater than 250, you may be required to e-Age (see instructions) 3a X bit the organization have employees, and the organization have an interest in, or a signature or other autority over, a financial account in a foreign country. 3b X bit Times, "near the name of the foreign country. 3a X X bit Times, "near the name of the foreign country. 3a X 3b X bit Times, "near the name of the foreign country. 3a X 3b X bit Times, "near the name of the organization that it was or is a party to a prohibited tax shear? 3a X bit any toxinitiation a party toxinitiation an express statement that such contributions or gfts 3b X bit Times, "did the organization file may solicitation an express statement that such contributions or gfts 3b X bit Times, "did the organization file may solicitation an express statement that such contributions or gfts 3c X bit Times, "did the organization neave symptient i	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
tied for the calendary part of within the year covered by this neture. Image:				Yes	No	
b If a least one is reported on line 2a, did the organization fiel al required tedral employment tax nturns? 2b X 3a Dot the organization have unmalated business gross income of \$1,000 or more during the yalar? 3a X 3b Thes: 'has it field a form 9DD 'for the yalar? 'I' No'' to line 3b, provide an explanation on Schedule O 3a X b I' Yes; 'mate it field a form 9DD 'for the yalar? 'I' No'' to line 3b, provide an explanation on schedule O 3a X b I' Yes; 'mate it field a form 9DD 'for the yalar? 'I' No'' to line 3b, provide an explanation on schedule O 3a X b I' Yes; 'mate it field a foreign country (such as a bank account, securities account, or other financial account) if Pass's in the 5a or 5b, diff to erganization have shafter transaction at any time during the tax yalar? 5a X b I' Yes, 'in the 5a or 5b, diff to erganization field foreign country (such more shafter transaction)? 5b X c I' Yes, 'in the organization nature were not tax deductible as chartable contributions? 5a X b I' Yes, 'indice the organization nature were solication an express statement that such contributions or gifts were not tax deductible? 7a X b I' Yes, 'indica the mumber of Forms 8282? Hield during the year 7a X 7a X <	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of times 1a and 2a is greater than 250, you may be required to e-the (see instructions) Image: Section 2000 Image: Section 20000 <thimage: 2000<="" section="" th=""> <</thimage:>		filed for the calendar year ending with or within the year covered by this return 2a 29				
3a Delt the organization have unrelated business gross income of \$1,000 or more during the yea? 3a X b If "Yes," hist till dia F cm 300017 trith isyse?" Yes / to 16 x8, by convide an exploation on Schedule O 3b X b If "Yes," institutions for films prequirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAP), 5a X X B Was the organization approximation that is a partiely to a prohibited tax shells transaction? 5a X Cold any taxable party notify the organization that it was or is a party to a prohibited tax shells transaction? 5a X Cold any taxable party notify the organization in the was evaluated the ax year? 5a X Cold any taxable party notify the organization in the mass set of the mass set of the organization nexts detuctibles a chantable contributions or gifts were not tax deductibles a chantable contributions? 5a X Cold any taxable party notify the door of the value of the good of services provide? 7a X X Di If "Yes," indicate the number of the value of the good of services provide? 7a X X Di If "Yes," indicate the number of forms 822? Hed during the year Zd 7a X Di If "Yes," indicate the number of forms 822? Hed during the year Zd 7a X Di	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
b If Yes," has It lifed a Form 900-T for this yea? Yino't of ine ske, provide an explanation on Schedule 0 30 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a financial account n a foreign country (such as a bank account, securities account, or other financial accounts)? 4a X b If Yes," earlier the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a 5a 5a Was the organization a party to a prohibited tax shafter transaction at any time during the tax year? 5a X 5a Was the organization and gross necepitat taw so or is a party to a prohibited tax shelter transaction? 5c - 6a Dod any taxability particular taw or is a party to a prohibited tax shelter transaction? 5c - 6a Dod any taxability account accounts account accounts accounts account accounts account accounts accounts account		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other subhority over, a francial accountly or the same outhy (such as a bank account, services account, or other financial accountly. 4a X b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5a X b Ud any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes" to ise Sar of 5, di the organization file form 8867? 5a X Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that tway receive deductible contributions and partly for goods and services provided to the party or 14 for 460 form 8867? 5a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and partly for goods and services provided to the party of the organization notify the dorn or the value of the goods or services provided to the party of the form 8828? 7a X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7a X d If "Yes," indicate the number of Forms 8282 filed during the year? 9a 9a 9a 9a 9a 9a 9a 9a 9a	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other subhority over, a francial accountly or the same outhy (such as a bank account, services account, or other financial accountly. 4a X b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5a X b Ud any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes" to ise Sar of 5, di the organization file form 8867? 5a X Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that tway receive deductible contributions and partly for goods and services provided to the party or 14 for 460 form 8867? 5a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and partly for goods and services provided to the party of the organization notify the dorn or the value of the goods or services provided to the party of the form 8828? 7a X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7a X d If "Yes," indicate the number of Forms 8282 filed during the year? 9a 9a 9a 9a 9a 9a 9a 9a 9a	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
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Form	990	(2020)
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Form 990 (2020)

SOUTHWEST HOUSING SOLUTIONS

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

1a Enter the number of voting members of the governing body of the severning hody of the governing hody of the governing hody of the severning hody? Ia						Yes	s No
If there are material differences in volting fulls among nembers of the governing body, or if the governing body Image: the second construction of the second construction of schedule 0. ID is any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to an anagement duties customarily performed by or under the direct supervision of officer, director, trustee, or key employees to an anagement duries customarily performed by or under the direct supervision of officer, director, trustee, or key employees or a significant diversion of the organization have management duries customarily performed by or under the direct supervision of officer, directors, trustee, or key employees or a significant diversion of the organization have members or the organization have members or tockholders? 2 X Did the organization have members, stockholders? 6 X 2 X Did the organization have members, stockholders? 6 X 2 X Did the organization have members, stockholders? 7a X 2b 2b <th>1a</th> <th>Enter the number of voting members of the governing body at the end of the tax year</th> <th>1a</th> <th>2</th> <th>3</th> <th></th> <th></th>	1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	2	3		
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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(12) ELAINE BUCKBERG 1.00 DIRECTOR (SWS) 5.00 X 0. 0. 0. (13) BRAD CRITCHFIELD 1.00 X 0. 0. 0. 0. DIRECTOR (SWS) 5.00 X 0. 0. 0. 0. 0. DIRECTOR (SWS) 5.00 X 0. 0. 0. 0. 0. (14) ALBERT FIELDS 1.00 1.00 0. 0. 0. 0. 0. DIRECTOR (SWS) 5.00 X 0. 0. 0. 0. 0. DIRECTOR (SWS) 5.00 X 0. 0. 0. 0. 0. (15) NAHEED HUQ 1.00 X 0. 0. 0. 0. 0. DIRECTOR (SWS) 5.00 X 0. 0. 0. 0. 0. DIRECTOR (SWS) 5.00 X 0. 0. 0. 0. 0. (17) STEVE KOSUDA 1.00 0. 0. 0. 0. 0. 0. DIRECTOR (SWS) 5.00	(11) ANGELA BALDWIN										
DIRECTOR (SWS) 5.00 X 0.	DIRECTOR (SWS)		Х						0.	0.	0.
(13) BRAD CRITCHFIELD 1.00 0.0 0.0 0.0 DIRECTOR (SWS) 5.00 X 0.0 0.0 0.0 (14) ALBERT FIELDS 1.00 X 0.0 0.0 0.0 DIRECTOR (SWS) 5.00 X 0.0 0.0 0.0 DIRECTOR (SWS) 5.00 X 0.0 0.0 0.0 (15) NAHEED HUQ 1.00 0.0 0.0 0.0 0.0 DIRECTOR (SWS) 5.00 X 0.0 0.0 0.0 (16) VANESSA JOHNSON 1.00 0.0 0.0 0.0 0.0 DIRECTOR (SWS) 5.00 X 0.0 0.0 0.0 0IRECTOR (SWS) 5.00 X 0.0 0.0 0.0 DIRECTOR (SWS) 5.00 X 0.0 0.0 0.0	(12) ELAINE BUCKBERG										
DIRECTOR (SWS) 5.00 X 0. 0. 0. 0. (14) ALBERT FIELDS 1.00 0. 0. 0. 0. 0. 0. DIRECTOR (SWS) 5.00 X 0. 0. 0. 0. 0. DIRECTOR (SWS) 5.00 X 0. 0. 0. 0. 0. (15) NAHEED HUQ 1.00 1.00 0. 0. 0. 0. 0. DIRECTOR (SWS) 5.00 X 0. 0. 0. 0. 0. (16) VANESSA JOHNSON 1.00 0. 0. 0. 0. 0. 0. DIRECTOR (SWS) 5.00 X 0. 0. 0. 0. 0. (17) STEVE KOSUDA 1.00 0. 0. 0. 0. 0. 0. DIRECTOR (SWS) 5.00 X 0. 0. 0. 0. 0.	DIRECTOR (SWS)		Х						0.	0.	0.
(14) ALBERT FIELDS 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(13) BRAD CRITCHFIELD										
DIRECTOR (SWS) 5.00 X 0.	DIRECTOR (SWS)	5.00	Х						0.	0.	0.
(15) NAHEED HUQ 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(14) ALBERT FIELDS										
DIRECTOR (SWS) 5.00 X 0.	DIRECTOR (SWS)		Х						0.	0.	0.
(16) VANESSA JOHNSON 1.00 DIRECTOR (SWS) 5.00 X (17) STEVE KOSUDA 1.00 DIRECTOR (SWS) 5.00 X											
DIRECTOR (SWS) 5.00 X 0.	DIRECTOR (SWS)		Х						0.	0.	0.
(17) STEVE KOSUDA 1.00 0.00 <td>(16) VANESSA JOHNSON</td> <td></td>	(16) VANESSA JOHNSON										
DIRECTOR (SWS) 5.00 X 0. 0. 0.	DIRECTOR (SWS)		Х						0.	0.	0.
	(17) STEVE KOSUDA										
	DIRECTOR (SWS)	5.00	Х						0.	0.	0.

032007 12-23-20

Form 990 (2020) SOUTHWEST	HOUSIN	G	SO	LU	TI	ON	3		38-232	4335	Р	age 8
Part VII Section A. Officers, Directors, Trust		loye	ees,			hest	C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box,	not cł , unles	s pers	tion nore t son is	han or both /truste	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org ar	npensa from th ganizat nd relat anizati	ie tion ted
(18) DUANE LEWIS	1.00								0			•
DIRECTOR (SWS) (19) CHRIS LEZOVICH	5.00	Х						0.	0	•		0.
DIRECTOR (SWS)	5.00	х						0.	0			0.
(20) MILTON MACK	1.00	Δ						0.	0	•		0.
DIRECTOR (SWS)	5.00	х						0.	0			Ο.
(21) ASHLEY MCLEOD	1.00											
DIRECTOR (SWS)	5.00	х						0.	0	•		0.
(22) ALEKSANDRA MIZIOLEK	1.00											
DIRECTOR (SWS)	5.00	Х						0.	0	•		0.
(23) AVEC O'BRIEN	1.00											
DIRECTOR (SWS)	5.00	Х						0.	0	•		0.
(24) DORIS PATRICK	1.00								0			~
DIRECTOR (SWS)	5.00	Х						0.	0	•		0.
(25) DEWAYNE WELLS DIRECTOR (SWS)	1.00	х						0.	0			0.
DIRECTOR (SWS)	J.00	~						0.	0	•		0.
1b Subtotal							•	132,508.	804,139	. 6	6,7	34.
c Total from continuation sheets to Part VII							•	0.	0		<u>.</u>	0.
d Total (add lines 1b and 1c))		132,508.	804,139	. 6	6,7	34.
2 Total number of individuals (including but no compensation from the organization ►	ot limited to th	ose	liste	d ab	ove)	who	o re	eceived more than \$100,	000 of reportable			4
										_	Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mplo	oyee	e, or l	nig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for su										3		X
4 For any individual listed on line 1a, is the su	-		-					-	-		v	
and related organizations greater than \$150	,		'							4	X	
5 Did any person listed on line 1a receive or a										5		x
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	olete Schedule	JT	or su	<u>cn p</u>	ersc	<u>on</u>					<u> </u>	- 23
1 Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ntra	ctors	s th	nat received more than \$	100.000 of compens	ation fr	om	
the organization. Report compensation for t	-											
(A)								(B)			C)	
Name and business								Description of s	ervices	Compe	nsatio	n
SOUTHWEST SOLUTIONS, 5716		AN	A	VEI	IUN	Ξ.						~ .
STE 3000, DETROIT, MI 48210 ASO FEES 947,66						64.						
FPJ INVESTMENTS, LLC, 185						5		ספאד פמשאשט י		A A	ر 1	76
219, GROSSE POINTE SHORES TURNER & TOWNSEND, 475 PA							┦	REAL ESTATE :		44	4,7	/0.
11TH FLOOR, NEW YORK, NY		U Li	50					CONSULTANTS		16	4,0	56.
	_ 0 0 1 0						f				-,0	<u></u>

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 3

		Check if Schedule O	conta	ains a respons	e or note to any line		(5)		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ts	1 a	Federated campaigns		1a					
and Other Similar Amounts	b	Membership dues		1b					
Ĕ	с	Fundraising events		1c					
ar <i>F</i>		Related organizations			2,719,403.				
m	е	Government grants (contr	ributio	ons) 1e	1,300,176.				
ົກ	f	All other contributions, gifts,	grant	s, and					
the		similar amounts not included	l abov	e 1f	175,275.				
Ò	g	Noncash contributions included in	lines 1	a-1f 1g \$					
anc	-	Total. Add lines 1a-1f			►	4,194,854.			
					Business Code				
	2 a	RENTAL INCOME			531110	1,449,988.	1,449,988.		
		PROPERTY MANAGEMENT	FEE	S	531310	1,402,044.	1,402,044.		
Revenue	c	PROGRAM REVENUE			531390	744,718.	744,718.		
ver	d				·				
Че	e				-				
		All other program service	rovor	2110	-				
		Total. Add lines 2a-2f				3,596,750.			
+						3,330,730.			
	3	Investment income (includ	•			43,503.			43,5
		other similar amounts)				45,505.			±3,5
	4	Income from investment o		-	· –				
	5	Royalties							
	_	. .	-	(i) Real	(ii) Personal				
		Gross rents	6a						
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss	;)						
	7 a	Gross amount from sales of		(i) Securities	ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
		and sales expenses	7b	834,492					
	С	Gain or (loss)	7c	-834,492	2.				
2	d	Net gain or (loss)		·····	►	-834,492.			-834,4
	8 a	Gross income from fundraisi	ng ev	ents (not					
		including \$		of					
		contributions reported on	line	1c). See					
		Part IV, line 18			la				
	b	Less: direct expenses			Bb				
	с	Net income or (loss) from	fund	raising event <u>s</u>	►				
	9 a	Gross income from gamin	ng act	tivities. See					
		Part IV, line 19		g	a				
	b	Less: direct expenses			b				
	с	Net income or (loss) from	gami	ng activities					
1		Gross sales of inventory,		-					
		and allowances			0a 2,900,878.				
	b	Less: cost of goods sold			Db 2,345,951.				
		Net income or (loss) from		·····		554,927.	554,927.		
T	-	(, ••			Business Code				
1	1 a	MISCELLANEOUS			900099	204,412.			204,4
au ,		FORGIVENESS OF INTE	RCOM	PANY RECEI	900099	-444,018.			-444,0
ver	c								,
Revenue		All other revenue			· +				
		All other revenue				-239,606.			
	е	Total. Add lines 11a-11d			····· 🕨	200,000.			

SOUTHWEST HOUSING SOLUTIONS Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		скренеев	general expenses	expenses
	and domestic governments. See Part IV, line 21	54,654.	54,654.		
2	Grants and other assistance to domestic		,		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
3	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,323,642.	1,291,697.	31,945.	
3	Pension plan accruals and contributions (include	, , • •	, = = , • • • •		
-	section 401(k) and 403(b) employer contributions	19,623.	19,113.	510.	
)	Other employee benefits	185,212.	180,415.	4,797.	
,)	Payroll taxes	84,230.	81,903.	2,327.	
í	Fees for services (nonemployees):				
	Management	70,831.	60,960.	9,871.	
b	Legal	12,482.	9,337.	3,145.	
	Accounting	41,411.	40,292.	1,119.	
	Lobbying	,	10,2521		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A) amount, list line 11g expenses on Sch O.)	976,483.	951,313.	25,170.	
•		570,405.	,51,515	25,170.	
2	Advertising and promotion	22,979.	22,426.	553.	
3	Office expenses	4,000.	4,000.		
4	Information technology	4,000.	4,000.		
5	Royalties	2,118,076.	2,103,027.	15,049.	
6		33,971.	33,805.	166.	
7	Travel	55,971.	55,005.	100.	
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	109,504.	105,213.	4,291.	
)	Interest	109,004.	103,213.	4,471.	
1	Payments to affiliates	164,262.	163,773.	489.	
2	Depreciation, depletion, and amortization	36,602.	36,325.	277.	
3		30,002.	50,545.	411.	
1	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	254 260	01 066	160 600	
	OTHER EXPENSES	254,369.	91,866.	162,503.	
b	ADMINISTRATIVE EXPENSES	111,186.	111,186.		
с	BAD DEBT	37,979.	37,979.	1 1 4 1	
d	PROGRAM COSTS	20,493.	19,352.	1,141.	
	All other expenses	15,326.	13,995.	1,331.	
5	Total functional expenses. Add lines 1 through 24e	5,697,315.	5,432,631.	264,684.	0
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

SOUTHWEST HOUSING SOLUTIO	NS
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38-2324335 Page 11

		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,819,400.	1	1,238,929.
	2	Savings and temporary cash investments			5,293,698.	2	3,345,553.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			550,944.	4	385,945.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
S	7	Notes and loans receivable, net		F	11,798,098.	7	13,806,770.
Assets	8	Inventories for sale or use			1,456,497.	8	1,027,249.
As	9				84,089.	9	164,360.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	18,771,784.			
	b	Less: accumulated depreciation		6,135,870.	13,202,766.	10c	12,635,914.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			521,137.	12	520,962.
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	Г		14		
	15	Other assets. See Part IV, line 11	4,990,894.	15	5,859,578.		
	16	Total assets. Add lines 1 through 15 (must equ			39,717,523.	16	38,985,260.
	17	Accounts payable and accrued expenses		756,248.	17	1,927,875.	
	18	Grants payable	-	18			
	19	Deferred revenue	2,719,852.	19	1,847,900.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to unrela		F	8,082,118.	23	6,484,114.
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines					
		of Schedule D			2,321,720.	25	1,453,752.
	26				13,879,938.	26	11,713,641.
		Organizations that follow FASB ASC 958, che	ck here	e ▶ X			
sec		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			23,528,591.	27	24,923,452.
Bal	28	Net assets with donor restrictions	2,308,994.	28	2,348,167.		
pu		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🗌			
Ъц		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			25,837,585.	32	27,271,619.
_	33	Total liabilities and net assets/fund balances			39,717,523.	33	38,985,260.

Form **990** (2020)

Form 990 (2020) Part X Balance Sheet

Form	1990 (2020) SOUTHWEST HOUSING SOLUTIONS	38-2	324335	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,315		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,69	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	1,618	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,83	7,5	85.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-184	1,5	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	27,271	1,6	<u>19.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		<u>3a</u>	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	L

Form 990 (2020)

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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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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
2020
Open to Public Inspection

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Name	of the	organization
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Nam	lame of the organization Employer identification number									
		SOUT	HWEST HOUS	ING SOLUTIONS	S			3	8-2324335	
Par	tl	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1 [A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).			
2 [A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3 [A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4 [A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
_	city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).			
7 [X	An organization that normal	-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general p	public described in	
r		section 170(b)(1)(A)(vi). (C								
8 [A community trust describe								
9 [An agricultural research org				-		-	-	
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
40 [university:		No. 00 1 /00 / . 6 No. 1					1	
10 [An organization that normal								
		activities related to its exem		•					U U	
		income and unrelated busin		(less section 511 tax) inc	ni busines	ses acqui	red by the org	anization a	iller June 30, 1975.	
11 [See section 509(a)(2). (Cor An organization organized a		volv to tost for public co	foty Soo	soction 50	O(a)(4)			
12		An organization organized a	-	•	•			rry out the	nurnoses of one or	
· (more publicly supported or	-	-	-			•		
		lines 12a through 12d that of	-							
а		Type I. A supporting orga	•••					-	aivina	
		the supported organization	-	-	• • •	-				
		organization. You must c								
b		Type II. A supporting orga	-		tion with its	s supporte	d organizatio	n(s), by hav	ring	
		control or management or	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,	
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness	
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III		
		functionally integrated, or		nally integrated supportion	ng organiz	ation.			[]	
		r the number of supported o	•							
g		vide the following information) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetany	(vi) Amount of other	
	(organization		(described on lines 1-10	in your governi		support (see in	2	support (see instructions)	
		0		above (see instructions))	Yes	No		,	, , ,	
Total										

Schedule A (Form 990 or 990 EZ) 2020 SOUTHWEST HOUSING SOLUTIONS

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

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

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2099127.	604,551.	3751246.	1299590.	4194854.	11949368.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2099127.	604,551.	3751246.	1299590.	4194854.	11949368.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1216567.
6	Public support. Subtract line 5 from line 4.						10732801.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	2099127.	604,551.	3751246.	1299590.	4194854.	11949368.
	Gross income from interest,		-				
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	235,536.	161,115.	270,955.	153,429.	43,503.	864,538.
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						12813906.
12	Gross receipts from related activities,	etc. (see instructio	uns)				,280,924.
	First 5 years. If the Form 990 is for th						/ / -
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi						
	Public support percentage for 2020 (li			olumn (f))		14	83.76 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	73.35 %
16a	33 1/3% support test - 2020. If the c					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on li				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c				
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te			-		~	
b	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th	•					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						s >
	J		,				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 SOUTHWEST HOUSING SOLUTIONS Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	0 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					-	
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	0 (f) Total
	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	Ĺ					
14	First 5 years. If the Form 990 is for th	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgai	nization,
	check this box and stop here	<u></u>				<u></u>	>
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2019. If the						'3%, and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organizatio						

Schedule A (Form 990 or 990-EZ) 2020 SOUTHWEST HOUSING SOLUTIONS

Part IV Supporting Organizations

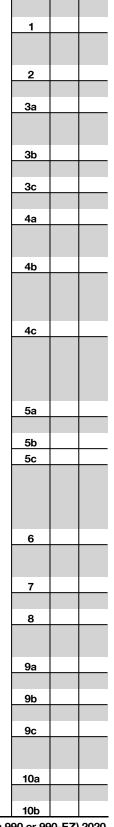
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes

No



Schedule A (Form 990 or 990 EZ) 2020 SOUTHWEST HOUSING SOLUTIONS Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
a				
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations 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			

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(a)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. *Complete* **line 2** *below.* а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructio	n <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

No

Schedule A (Form 990 or 990 EZ) 2020 SOUTHWEST HOUSING SOLUTIONS

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in least section 20, 1970)

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the ourrent year is the organization's first as a new functionally		ted Truce III er menetinen er er	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 SOUTHWEST HOUSING SOLUTIONS

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$			-	
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.			-	
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c. Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2017 Excess from 2018				
	Excess from 2019				
	Excess from 2020				
~					

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 SOUTHWEST HOUSING SOLUTIONS	38-2324335 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addi (See instructions.)	es 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service ** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

Name	of the	e organiz	ation

Organization type (check one):

			-	-	_
- 38	-23	24	3	3	5

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

SOUTHWEST HOUSING SOLUTIONS

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

38-2324335

SOUTHWEST HOUSING SOLUTIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u> 1</u>		\$ <u>115,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$370,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

38-2324335

SOUTHWEST HOUSING SOLUTIONS

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

antii	Noncash Property (see instructions). Use duplicate copies of Part	a il il additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of or	rganization			Employer identification number
SOUTHV	WEST HOUSING SOLUTIONS			38-2324335
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line e charitable, etc., contributions of \$1,000 (entry. For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
-		(e) Transfer of g	jift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship o	of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
		(e) Transfer of g	jift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship o	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
-		(e) Transfer of g	jift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
-		(e) Transfer of g	jift	
-	Transferee's name, address, and ZIP + 4 Relation		Relationship o	of transferor to transferee

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of the organization SOUTHWEST HOUSING	SOLUTIONS	Employer identification number 38-2324335
Par	I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
U	are the organization's property, subject to the organization's	5	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of	0 0	,
	impermissible private benefit?		·
Par		ganization answered "Yes" on Form 990	Part IV line 7
	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		f a historically important land area f a certified historic structure
	Preservation of open space		a certified historic structure
•		final companyation contails tion in the form	
2	Complete lines 2a through 2d if the organization held a quality	ned conservation contribution in the form	
_	day of the tax year.		Held at the End of the Tax Year
a L			
b			
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a	-	
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	servation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
•	\$		
8	Does each conservation easement reported on line 2(d) abov		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or Ot	her Similar Assets
1 41	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 95		nd balance aboat works
Ia	of art, historical treasures, or other similar assets held for put		
		, ,	•
h	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
		exhibition, education, or research in furth	וכומווכב טו אטווכ זבו יוכב,
	provide the following amounts relating to these items:		► ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
•		anguran or other similar assets for financia	
2	If the organization received or held works of art, historical tre		i gain, provide
_	the following amounts required to be reported under FASB A	-	
a L	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		> \$

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

<u> </u>	- /-	~~~	~~~~
Schedule I	D (Form	990)	2020

Sche	chedule D (Form 990) 2020 SOUTHWEST HOUSING SOLUTIONS 38-2324335 Page 2									
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	^r Simila	r Asset	s _{(continu}	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	make si	gnificant ι	use of its		,
	collection items (check all that apply):									
а	Public exhibition	c	1 🗌 L	oan or exc	hange progra	am				
b	Scholarly research	e	•	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	on's exen	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, his	torical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma								Yes	No
Par			ete if the	organizatio	n answered '	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi							_	_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fe						ty?	L	Yes	
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds. Complete i								() [
		(a) Current year	(b) Pi	rior year	(c) Two yea	rs dack	(d) Three y	/ears back	(e) Four y	ears back
	Beginning of year balance									
b	Contributions									
C -	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance Provide the estimated percentage of the curr	l	L (line 1a) hold oo:					
2	Board designated or quasi-endowment	•	e (iii ie ig	, column (a	ij neiu as.					
a b	Permanent endowment	%	70							
		%								
U	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation that	are held ar	nd administer	ed for th	e organiza	ation		
ou	by:			are noid a			o organiza			es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or c			or other		ccumulate	ed	(d) Book	value
		basis (investr	ment)	basis	(other)	dep	oreciation		.,	
1a	Land				3,203.				773	,203.
	Buildings			14,53	5,391.	4,5	715,1	17.	9,820	,274.
	Leasehold improvements			79	1,674.		769,9		21	,718.
	Equipment				6,412.		115,3			,079.
	Other			2,15	5,104.		235,4		1,919	
	. Add lines 1a through 1e. <i>(Column (d) must e</i>		X, colum	n (B), line 1	0c.)			▶ 1	.2,635	,914.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM DEVELOPMENT	138,074.
(2) DUE FROM MARTIN GARDENS, LDHALP	324,612.
(3) DUE FROM MICHIGAN LENDING	-25,194.
(4) DUE FROM OTHER AFFILIATES	705,504.
(5) DUE FROM SOUTHWEST COUNSELING	120,040.
(6) DUE FROM SOUTHWEST HOUSING PARTNERS I, LDHALP	120,091.
(7) DUE FROM SOUTHWEST SOLUTIONS	1,153,842.
(8) DUE FROM SPRINGWELLS I, LDHALP	428,427.
(9) DUE FROM SPRINGWELLS II, LDHALP	612,684.
Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,859,578.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AFFILIATE LOANS PAYABLE	773,453.
(3) DUE TO OTHER AFFILIATES	125,015.
(4) DUE TO SOUTHWEST COUNSELING	219,332.
(5) DUE TO SOUTHWEST ECONOMICS	4,589.
(6) DUE TO SPRINGWELLS I, LDHALP	154,500.
(7) DUE TO SPRINGWELLS II, LDHALP	99,312.
(8) DUE TO VIE	40,086.
(9) SECURITY DEPOSITS	37,465.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,453,752.

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

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 SOUTHWEST HOUSING SOLUTI	ONS	38-2324335 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	· · · · · · · · · · · · · · · · · · ·	
Pa	t XII Reconciliation of Expenses per Audited Financial State	-	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

THE CORPORATION HAS RECEIVED NOTIFICATION THAT IT QUALIFIES AS A
TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL
REVENUE CODE AND CORRESPONDING PROVISIONS OF STATE LAW AND, ACCORDINGLY,
IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, INCOME FROM
CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO ITS TAX-EXEMPT PURPOSE IS
SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IT IS SWHS' POLICY TO
RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS IN
INCOME TAX EXPENSE.

WITH FEW EXCEPTIONS, SWHS IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE

INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS BEFORE 2018. SWHS
032054 12-01-20
Schedule D (Form 990) 2020

Part XIII	Supplemental Information	(continued)	
		· · · · ·	

IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION.

Part IX Other Assets. See Form 990, Part X, line 15.	/L\ Daalaurelaa
(a) Description	
UE FROM SPRINGWELLS III, LDHALP UE FROM VIE PARTNERSHIP	329,495
JE FROM VIE PARTNERSHIP	(b) Book value 329,495 1,952,003

SCHEDULE I (Form 990)		Go	rants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to Form s.gov/Form990 form		nation.		Open to Public Inspection
Name of the organizati	on SOUTHWEST	HOUSING	SOLUTIONS					Employer identification number $38 - 2324335$
Part I General In	nformation on Grants a	nd Assistance						
-	ation maintain records t ward the grants or assis		-			-		
	IV the organization's pro							
Part II Grants and	d Other Assistance to I	Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	nat received more than \$					(f) Method of	1	1
.,	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SOUTHWEST ECONOMI 5716 MICHIGAN AVE DETROIT, MI 48210		46-2252476	501(C)(3)	48,000.	0.			PASS THROUGH FUNDING - NWA
2 Enter total numb	er of section 501(c)(3) ar	I nd government or	anizations listed in the	line 1 table	L		1	▶ 1.
	er of other organizations	v						0.
	Reduction Act Notice,							Schedule I (Form 990) 2020

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

Schedule I (Form 990) 2020

SOUTHWEST HOUSING SOLUTIONS

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.									
PART I, LINE 2:									

ALL GRANT INCOME IS CODED WITH A SPECIFIC PROGRAM IDENTIFICATION NUMBER AND

THE REPORTING UNIT(S) NUMBER(S) THAT ARE RESPONSIBLE FOR THE PROGRAM.

EXPENSES RELATING TO THAT GRANT ARE ALSO GIVEN THE SAME PROGRAM NUMBER, SO

AS TO MATCH INCOME TO EXPENSES. GRANT INCOME AND EXPENSES ARE MONITORED TO

ENSURE THE GRANT MONEY IS SPENT ON THE DESIGNATED ACTIVITIES PER THE GRANT

AGREEMENT. MOST GRANTS REQUIRE PERIODIC REPORTS TO ENSURE THE ORGANIZATION

IS MEETING THE GRANT OBJECTIVES, AND OFTEN TIMES THE GRANT MONEY DISPERSAL

IS TIED TO THESE REPORTS.

SC	HEDULE J	Compensation Information		OMB No.	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2020		
		Compensated Employees		ZU	ZU	J
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			identificatio		mber
D		SOUTHWEST HOUSING SOLUTIONS	38-	232433	5	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments spending account Health or social club dues or initiation fee Personal services (such as maid, chauffeu				
			ir, chei)			
b	If any of the boyce	on line 1a are checked, did the organization follow a written policy regarding payment or				
U	-	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	indeteee, and emee					
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	i			
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	Independent o	ompensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		<u>4a</u>		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
С	-	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	0.1					
-)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	-			
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	contingent on the r			E o		X
		ation?				X
U		ation?		50		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
0	contingent on the n		"			
а	•			6a		x
		ation?				x
~		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
		les 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 990)) 2020

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) JOSEPH TASSE	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	295,200.	0.	14,400.	0.	0.	309,600.	0.	
(2) MICHELLE SHERMAN	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	175,733.	11,998.	33,447.	6,147.	10,623.	237,948.	0.	
(3) TIMOTHY THORLAND	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	132,810.	7,951.	27,611.	600.	14,448.		0.	
(4) JENNIFER TUCK	(i)	132,508.	0.	0.	9,250.	19,046.	160,804.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE COMPENSATION WAS ESTABLISHED BY A RELATED ORGANIZATION. THE

ORGANIZATION UTILIZED THE FOLLOWING: AN INDEPENDENT COMPENSATION

CONSULTANT, FROM 990 OF OTHER ORGANIZATIONS, A COMPENSATION

SURVEY/STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

38-2324335

OMB No. 1545-0047

SOUTHWEST HOUSING SOLUTIONS

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

AFFORDABLE APARTMENTS AND TOWNHOUSES FOR RENT OR HOMEOWNERSHIP. WE

PROVIDE OPPORTUNITIES FOR ALL RESIDENTS TO WORK TOGETHER TO HELP

REVITALIZE NEIGHBORHOODS AND IMPROVE THE QUALITY OF LIFE IN THE

COMMUNITY. OUR MANAGEMENT TEAM IS EXPERIENCED AND BILINGUAL, AND

COMMITTED TO RESIDENT SATISFACTION.

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

NEIGHBORHOOD REVITALIZATION THROUGH RESIDENTIAL AND COMMERCIAL

DEVELOPMENT.

FORM 990, PART VI, SECTION A, LINE 6:

SOUTHWEST HOUSING SOLUTIONS IS A WHOLLY-OWNED SUBSIDIARY OF SOUTHWEST

SOLUTIONS, THE PARENT COMPANY.

FORM 990, PART VI, SECTION A, LINE 7A:

BOARD MEMBERS MUST BE APPOINTED BY SOUTHWEST SOLUTIONS BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE SOUTHWEST SOLUTIONS BOARD APPROVES CERTAIN DECISIONS OF SOUTHWEST

HOUSING SOLUTIONS BOARD OF DIRECTORS INCLUDING BUT NOT LIMITED TO THE

FOLLOWING: BUDGET APPROVAL, BYLAWS REVISIONS, FORMATION OF A NEW COMPANY,

AND CAPITAL ACQUISITIONS GREATER THAN \$250,000.

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

THE 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE 990 WAS

RELATED ORGANIZATION. THE AGENCY PARTICIPATES IN ANNUAL SALARY SURVEYS BASED ON AGENCIES SIMILAR IN SIZE AND REVENUES AND CONSULTS WITH SALARY COMPENSATION SPECIALISTS TO DETERMINE COMPENSATION FOR CEO AND KEY EMPLOYEES. ALL COMPENSATION MUST BE APPROVED BY THE BOARD OF DIRECTORS. WHILE AN ANNUAL REVIEW IS DONE, SALARIES ARE ADOPTED FOR THREE YEARS.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE ORGANIZATION'S

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER ADMINISTRATIVE FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

Schedule O (Form 990 or 990-EZ) 2020

951,313.

25,170.

Ο.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization SOUTHWEST HOUSING SOLUTIONS	Employer identification number 38-2324335
TOTAL EXPENSES	976,483.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	976,483.

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2020 Open to Public Inspection

Employer identification number 38 - 2324335

Department of the Treasury Internal Revenue Service

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

Name of the organization

SOUTHWEST HOUSING SOLUTIONS

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CREATIVE ARTS, LLC - 80-0451775					
1920 25TH STREET	-				SOUTHWEST HOUSING
DETROIT, MI 48216	COMMERCIAL	MICHIGAN	1,100.	0.	SOLUTIONS
LITHUANIAN HALL, LLC - 20-3426464					
1920 25TH STREET	7				SOUTHWEST HOUSING
DETROIT, MI 48216	OFFICE BUILDING	MICHIGAN	69,600.	1,058,392.	SOLUTIONS
250 WGB LLC - 45-4555501					
1920 25TH STREET	LOW INCOME HOUSING				SOUTHWEST HOUSING
DETROIT, MI 48216	DEVELOPMENT	MICHIGAN	429,755.	42,720.	SOLUTIONS
388 W GRAND BLVD APARTMENTS LLC - 45-4555248					
1920 25TH STREET	LOW INCOME HOUSING				SOUTHWEST HOUSING
DETROIT, MI 48216	DEVELOPMENT	MICHIGAN	292,578.	20,183.	SOLUTIONS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
SOUTHWEST COUNSELING SOLUTIONS - 38-2042021							
5716 MICHIGAN AVENUE					SOUTHWEST		
DETROIT, MI 48210	MENTAL HEALTH COUNSELING	MICHIGAN	501(C)(3)	LINE 10	SOLUTIONS		х
SOUTHWEST ECONOMIC SOLUTIONS - 46-2252476							
5716 MICHIGAN AVENUE	WORKFORCE DEVELOPMENT				SOUTHWEST		
DETROIT, MI 48210	PROGRAMMING	MICHIGAN	501(C)(3)	LINE 7	SOLUTIONS		х
ASSET SERVICES, INC - 38-2719235							
5716 MICHIGAN AVENUE					SOUTHWEST		
DETROIT, MI 48210	REAL ESTATE HOLDING	MICHIGAN	501(C)(2)		SOLUTIONS		х
SOUTHWEST SOLUTIONS - 38-2672000							
5716 MICHIGAN AVENUE	ADMINISTRATIVE SUPPORT			LINE 12C,			
DETROIT, MI 48210	SERVICES	MICHIGAN	501(C)(3)	III-FI	N/A		х

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

Schedule R (Form 990) 2020

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
5716 PARTNERS, LLC - 37-1576682 1920 25TH STREET					SOUTHWEST HOUSING
DETROIT, MI 48216	OFFICE BUILDING	MICHIGAN	892,116.		

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti organi:	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
BAGLEY HOUSING ASSOCIATION - 38-2896273							
1920 25TH STREET							
DETROIT, MI 48216	HOUSING DEVELOPMENT	MICHIGAN		LINE 7	N/A		X
RADEMACHER LODGE - 38-2881807							
1920 25TH STREET					SOUTHWEST HOUSING		
DETROIT, MI 48216	LOW INCOME HOUSING SUPPORT	MICHIGAN	501(C)(3)	LINE 10	SOLUTIONS	X	
	—						
	—						
							1

Schedule R (Form 990) 2020 SOUTHWEST HOUSING SOLUTIONS

38-2324335 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	ne end-of-year allocations? amount in bo		Code V-UBI amount in box 20 of Schedule	managin partner?		
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	
	LOW INCOME		SOUTHWEST								
1920 25TH STREET	HOUSING		HOUSING								
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	RELATED	492,266.	42,720.		x	N/A	x	100%
388 WGB LDHALP - 38-3304282	LOW INCOME		SOUTHWEST								
1920 25TH STREET	HOUSING		HOUSING								
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	RELATED	614,684.	20,183.		x	N/A	x	100%
COOLIDGE PLACE LDHALP -	LOW INCOME										
82-2796292, 1920 25TH STREET,	HOUSING										
DETROIT, MI 48216	DEVELOPMENT	MI	N/A	RELATED	-23.	791.		x	N/A	X	.00%
HUBBARD COMMUNITIES I, LDHALP	LOW INCOME										
- 26-3442169, 1920 25TH	HOUSING										
STREET, DETROIT, MI 48216	DEVELOPMENT	MI	N/A	RELATED	-35.	425.		x	N/A	X	.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(i) ction (b)(13) trolled tity?
		country)		or trusty		835013		Yes	No
250 WGB APARTMENTS INC - 38-3395574			SOUTHWEST						
1920 25TH STREET	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	49.	4.	.01%		Х
388 WGB APARTMENTS INC - 38-3304279			SOUTHWEST						
1920 25TH STREET	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	61.	2.	.01%		X
SW COOLIDGE PLACE, INC 82-2625925			SOUTHWEST						
1920 25TH STREET	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-23.	791.	100%	x	
HUBBARD COMMUNITIES INC - 26-1241940			SOUTHWEST						
1920 25TH STREET	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-35.	425.	100%	x	
MACK ASHLAND GP, LLC - 45-2960640			SOUTHWEST						
1920 25TH STREET	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-24.	497.	100%	x	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(r Disprop ate alloc	oortion- ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	(k) Percentage ownership
		country)		360110113 3 12-3 14)			Yes	No	K-1 (F0IIII 1003)	Yes No	
MACK ASHLAND LDHA LP -	LOW INCOME										
45-2971351, 1920 25TH STREET,	HOUSING										
DETROIT, MI 48216	DEVELOPMENT	MI	N/A	RELATED	-31.	629.		x	N/A	x	.01%
MACK ASHLAND II LDHA LP -	LOW INCOME										
38-3932577, 1920 25TH STREET,	HOUSING										
DETROIT, MI 48216	DEVELOPMENT	MI	N/A	RELATED	-41.	729.		x	N/A	x	.01%
	LOW INCOME		SOUTHWEST								
61-1418946, 1920 25TH STREET,	HOUSING		HOUSING								
DETROIT, MI 48216	DEVELOPMENT	мі	SOLUTIONS	RELATED	-127,839.	3,073,950.		x	N/A	x	100%
MCKINSTRY PLACE LDHALP -	LOW INCOME										
32-0411106, 1920 25TH STREET,	HOUSING										
DETROIT, MI 48216	DEVELOPMENT	MI	N/A	RELATED	-24.	439.		X	N/A	X	.01%
NEWBERRY HOMES LDHALP -	LOW INCOME		SOUTHWEST								
38-3502647, 1920 25TH STREET,	HOUSING		HOUSING								
DETROIT, MI 48216	DEVELOPMENT	мі	SOLUTIONS	RELATED	-255,219.	1,388,284.		x	N/A	x	100%
		MI	DOLOTIOND		255,215.	1,300,204.		<u> </u>	N/A		1000
PIQUETTE SQUARE LDHALP -	LOW INCOME										
20-8357786, 1920 25TH STREET,	HOUSING										
DETROIT, MI 48216	DEVELOPMENT	MI	N/A	RELATED	-62.	1,690.		x	N/A	x	.01%
SAVANNAH-WILSHIRE LDHALP	LOW INCOME										
1920 25TH STREET	HOUSING										
DETROIT, MI 48216	DEVELOPMENT	MI	N/A	RELATED	0.	197.		x	N/A	x	.01%
SCOTTEN PARK LDHALP -	LOW INCOME										
27-1346579, 1920 25TH STREET,	HOUSING										
DETROIT, MI 48216	DEVELOPMENT	MI	N/A	RELATED	-30.	436.		X	N/A	X	.01%
SOUTHWEST HOUSING PARTNERS	_										
LDHALP - 38-3449365, 1920	LOW INCOME		SOUTHWEST								
25TH STREET, DETROIT, MI	HOUSING		HOUSING								
48216	DEVELOPMENT	MI	SOLUTIONS	RELATED	-1,218,205.	2,608,728.		Х	N/A	X	100%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(r Disprop ate alloc Yes	ortion-	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
				,							
SOUTHWEST HOUSING PARTNERS II	LOW INCOME										
- 16-1752272, 1920 25TH	HOUSING										
STREET, DETROIT, MI 48216	DEVELOPMENT	MI	N/A	RELATED	-31.	368.		Х	N/A	x	.01%
	LOW INCOME		SOUTHWEST								
38-3533424, 1920 25TH STREET.	HOUSING		HOUSING								
DETROIT_MI 48216	DEVELOPMENT	мі	SOLUTIONS	RELATED	-302,656.	3,670,894.		x	N/A	x	100%
SPRINGWELLS PARTNERS II	DEVELOPMENT	MI	SOLUTIONS	RELATED	-302,030.	5,070,094.		A	N/A		100%
LDHALP - 32-0062817, 1920	LOW INCOME		SOUTHWEST								
25TH STREET, DETROIT, MI	HOUSING		HOUSING								
48216	DEVELOPMENT	мі	SOLUTIONS	RELATED	-189,508.	2 442 562		x	N/A	x	100%
SPRINGWELLS PARTNERS III	DEVELOPMENT	MT	SOLUTIONS	RELATED	-109,500.	3,442,563.		A	N/A		100%
	I ON INCOME		COLIMINATION								
LDHALP - 38-3703121, 1920	LOW INCOME		SOUTHWEST								
25TH STREET, DETROIT, MI 48216	HOUSING	NT	HOUSING SOLUTIONS		171 000	212 200		1 7	NT / 7		100%
	DEVELOPMENT	MI	SOLUTIONS	RELATED	-171,902.	313,322.		X	N/A	X	100%
SPRINGWELLS PARTNERS IV											
LDHALP - 20-3950776, 1920	LOW INCOME										
25TH STREET, DETROIT, MI	HOUSING										
48216	DEVELOPMENT	MI	N/A	RELATED	-23.	169.		X	N/A	X	.01%
SPRINGWELLS PARTNERS V LDHALP	LOW INCOME										
- 26-1404869, 1920 25TH	HOUSING										
STREET, DETROIT, MI 48216	DEVELOPMENT	МІ	N/A	RELATED	-26.	292.		x	N/A	x	.01%
5716 + 5728 MICHIGAN											
CONDOMINIUM ASSOCIATION -	-		SOUTHWEST								
86-1334850, 5716 & 5728 MI	CONDO.		HOUSING								
AVE., DETROIT, MI 48210	ASSOCIATION	МІ	SOLUTIONS	RELATED	23,266.	69,546.		x	N/A	x	77.00%
,,,,,,						, , , , , , , , , , , , , , , , , , ,					
MICHIGAN LENDING SOLUTIONS -	1		SOUTHWEST								
27-0914051, 1920 25TH STREET,	CONSUMER		HOUSING								
DETROIT, MI 48216	LENDING	MI	SOLUTIONS	RELATED	17,515.	29,488.		х	N/A	x	80.00%
<i>.</i>						,					
	1										
	1										
	1										

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	i) ction b)(13) rolled tity?
MACY ACHIAND IT OD INC. 46 5572494		country)	SOUTHWEST					Yes	No
MACK ASHLAND II GP, INC 46-5573484									
1920 25TH STREET	LOW INCOME HOUSING	MI	HOUSING SOLUTIONS	C CORP	4.1	729.	1009	x	
DETROIT, MI 48216	DEVELOPMENT	MT		C CORP	-41.	129.	100%		<u> </u>
MCKINSTRY PLACE, INC 80-0927450			SOUTHWEST						
1920 25TH STREET	LOW INCOME HOUSING	NT.	HOUSING		24	420	1009		
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-24.	439.	100%	X	
PRESERVATION PARTNERS I LP, INC.	┥		SOUTHWEST						
(NEWBERRY) - 82-0613799, 1920 25TH STREET,	LOW INCOME HOUSING		HOUSING			4 200 445			
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-255,193.	1,388,145.	99.99%	X	<u> </u>
PRESERVATION PARTNERS I GP, INC.	_		SOUTHWEST						
(NEWBERRY) - 82-0591376, 1920 25TH STREET,	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-26.	139.	.01%		X
PIQUETTE SQUARE INC - 20-8357651			SOUTHWEST						
1920 25TH STREET	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-62.	1,690.	100%	X	
SAVANNAH-WILSHIRE INC			SOUTHWEST						
1920 25TH STREET	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	٥.	197.	100%	X	
SCOTTEN PARK INC - 27-1346522			SOUTHWEST						
1920 25TH STREET	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-30.	436.	100%	X	
SOUTHWEST HOUSING PARTNERS INC. (GP)			SOUTHWEST						
(+MG) - 38-3449366, 1920 25TH STREET,	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-135.	568.	.01%		x
SWHP LP INC - 82-0937331									
1920 25TH STREET	LOW INCOME HOUSING		SOUTHWEST						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-1,218,083.	2,608,467.	99.99%	x	
PRESERVATION PARTNERS II LP, INC.			SOUTHWEST						
(MG) - 82-0631302, 1920 25TH STREET,	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-127,826.	3,073,643.	99.99%	x	
SOUTHWEST HOUSING PARTNERS II, INC -			SOUTHWEST			· ·			
16-1752267, 1920 25TH STREET, DETROIT, MI	LOW INCOME HOUSING		HOUSING						1
48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-31.	368.	100%	x	1
SPRINGWELLS PARTNERS INC - 38-3533329			SOUTHWEST						
1920 25TH STREET	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-30.	367.	.01%		x

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512(cont	i) ction b)(13) rolled tity?
		country)		or trust)		assets		Yes	<u> </u>
PRESERVATION PARTNERS III LP, INC.			SOUTHWEST						
(SWP I) - 82-0651687, 1920 25TH STREET,	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-302,625.	3,670,527.	99.99%	X	
SPRINGWELLS PARTNERS II, INC - 32-0062819			SOUTHWEST						
1920 25TH STREET	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-19.	344.	.01%		Х
PRESERVATION PARTNERS IV LP, INC.			SOUTHWEST						
(SWP II) - 82-0664240, 1920 25TH STREET,	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-189,489.	3,442,219.	99.99%	x	
SPRINGWELLS PARTNERS III, INC - 38-3703128			SOUTHWEST						
1920 25TH STREET	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-17.	31.	.01%		Х
PRESERVATION PARTNERS V LP, INC.			SOUTHWEST						
(SWP III) - 82-0679844, 1920 25TH STREET,	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-171,884.	313,291.	99.99%	x	
SPRINGWELLS PARTNERS IV, INC - 20-3950718			SOUTHWEST						
1920 25TH STREET	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-23.	169.	100%	x	
SPRINGWELLS PARTNERS V, INC - 26-1242162			SOUTHWEST						
1920 25TH STREET	LOW INCOME HOUSING		HOUSING						
DETROIT, MI 48216	DEVELOPMENT	MI	SOLUTIONS	C CORP	-26.	292.	100%	X	
	-								
	-								
	-								
	_								
	-								

Schedule R (Form 990) 2020 SOUTHWEST HOUSING SOLUTIONS

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SPRINGWELLS LDHALP	L	53,058.	CONTRACT
(2) PIQUETTE SQUARE LDHALP	L	80,100.	CONTRACT
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2020 SOUTHWEST HOUSING SOLUTIONS

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

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

(-)	(1-)	(-)	(-1)	10		(4)	()		- \	(1)	(1)	(1.)
(a)	(b)	(c)	(d)	(e) Are a	i ll	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	s sec. (3)	Share of total	Share of end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs.		income			tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes I	No	Income	255615	Yes	No	(Form 1065)	Yes No	<u>'</u>
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Schedule R (Form 990) 2020

SOUTHWEST HOUSING SOLUTIONS

Schedule R (Form 990) 2020 SOUT Part VII Supplemental Information

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

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

•				
File	a separate	application	for each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instru	Name of exempt organization or other filer, see instructions.				axpayer identification number (TIN)			
print	SOUTHWEST HOUSING SOLUTIONS								
File by th due date			38-2324335						
filing you return. Se	5716 MICHIGAN AVENUE, NO. 3	5716 MICHIGAN AVENUE, NO. 3000							
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DETROIT, MI 48210								
Enter the Return Code for the return that this application is for (file a separate application for each return)									
Application Return Application						Return			
ls For		Code	Is For		Cod				
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)		07				
Form 9	90-BL	02	Form 1041-A						
Form 4	720 (individual)	03	Form 4720 (other than individual)		09				
Form 9	90-PF	04	Form 5227						
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	rm 990-T (trust other than above) 06 Form 8870 MICHELLE R. SHERMAN								
Telephone No. ► (313) 481-3103 Fax No. ► • If the organization does not have an office or place of business in the United States, check this box ► • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box • If this is for part of the group, check this box ► If this is for the whole group, check this box • If request an automatic 6-month extension of time until AUGUST 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: •									
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					\$	0.			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						-			
estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$	0.			
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						-			
using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$	0.			
Cautio instruc	 n: If you are going to make an electronic funds withdrawal tions. 	(direct deb	bit) with this Form 8868, see Form 84	.53-EO an	d Form 88	79-EO for payment			

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

Form 8868 (Rev. 1-2020)