8749303300003

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Chack if applicable Charme of organization Nevada Rural Housing, Inc. Demployer identification number Dong business as Desert Winds Development Group Number and street (or P O box if mails not delivered to street address) Room/suite Feel return/reminated Room	Ā	For the	2016 cale	endar year, or tax year beginn	ning	July 1	, 2016, a	nd ending	Jur	1e 30	, 20 ₁₇	
Dang business as _ Desert Winds Development Group 20-1994213	В	Check if applicable C Name of organization Nevada Rural Housing, Inc								D Employe		umber
Name change Name tranges Name		Address	change								20-1594213	
Institution		Name ch	ange				address)	Room/suite		E Telephor		
Trace return/terminated Carson Circle, NV 8970 Carson Circle, NV 8970 Software and address of principal officer Software and address of princ		Initial retu	urn	3695 Desatoya Drive							775-887-1795	
Application pending Filame and address of principal officer Sheri Woods-Green; same as above I Tax-exampt status Soliticity S		Final retun	n/terminated	City or town, state or province,	country, and	ZIP or foreign post	tal code					
Application persons Fixame and address of principal officer Tax-exempt status Solitio(3) Solitio(3)		Amended	d return	Carson City, NV 89701						G Gross re	ceipts \$	155.406
Shert Woods-Green; same as above Nept Tax-osemost status Sotie(s) Sot		Application	on pending		officer		()	ス	H(a) is this a o	roup return for s	subordinates? Yes	
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Mebilities Meb	1	Tax-exen	npt status			◀ (insert no)	4947(a)(1) or	527	-1 ''			
Part Summary	J	Website:	: ▶		<u>,,,,</u>				H(c) Group	exemption	number >	
Part Summary	ĸ	Form of o	organization	✓ Corporation ☐ Trust ☐ Ass	sociation []	Other ►	L Yea	ar of formatio		- ₁ — —		NV
moderate income persons residing in rural Nevada. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)	P	art I	Summ	nary								
moderate income persons residing in rural Nevada. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)		1	Briefly de	escribe the organization's m	nission or r	nost significar	nt activities:	Provide	affordable	housing fo	or low and	
Check this box fif the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)	Ö			-		-						
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19 Revenue less expenses. Subtract line 1/8 from line 1/2 \\ \frac{1}{2} \\ \fra	ú	17	Other ex	penses (Part IX, column 🗚	Clines-11a	<u>-17d, 11(-2</u> 4e)		[55,369		58,392
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Beginning of Current Year End of Year		19	Revenue	less expenses. Subtract lin	AM8 from	ille 12 12	<u></u>			313,257		97,014
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Signature Signatur	- P &							Ве	ginning of Cu	rrent Year	End of Ye	ar
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Signature Signatur	A As	21	Total liab	oilities (Part X, line 26)	سبباتار			L		111,530		126,530
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Suprature of officer Date Date					ct line 21 1	from line 20	· · · ·	<u> </u>		469,006		566,020
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Use Only Firm's name Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) Firm's EIN Phone no Yes □ No	Pa	iid	[Print ly	pe preparer s name	Prepare	s signature		Date	,		_] #	
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							istructions)	<u> </u>	<u></u>	<u> </u>		

9	Total program service	ce expenses >	58,392			
	(Expenses \$	0 including grants of \$		o) (Revenue \$	100,000)	
d	Other program servi	ces (Describe in Schedule O.)				

Form,99				age 3
Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1_	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	✓	√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		√
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	, 1,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	44.
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	\	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		\
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		\
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	√
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		1
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		√
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 (see instructions)	17		✓
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		✓
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		√
			n 990	(2016)

Part	Checklist of Required Schedules (continued)		_	Page '
• •			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
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		1
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		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		\
	and any arms and are stated as a stated and are stated as a stated are stated	24b		1
	to defease any tax-exempt bonds?	24c	<u></u>	√
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d		√
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?	25a		
	If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	✓	
31	conservation contributions? If "Yes," complete Schedule M	30		✓
32	Part I	31		✓_
33	complete Schedule N, Part II	32		✓_
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
	or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	1
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,			
38	Part VI	37	│ ✓	✓

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ļ
00	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			-
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		1
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			1
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0	l '	
h	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		-
р		6b		Ì
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			l
	and services provided to the payor?	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		<u></u> -
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			Ì
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			1
a	Gross income from members or shareholders			[
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			1
40-	· · · · · · · · · · · · · · · · · · ·	100		ļ
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			\vdash
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		i ¯

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check If Schedule O contains a response or note to any line in this Part VI	ee ins	struct	ions.
Secti	on A. Governing Body and Management			
4 -	Control the control of control or control or catalog and control of the control o		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	:		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5	✓	1
6 7a	Did the organization have members or stockholders?	6 7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		,-	
a	The governing body?	8a	✓_	
9	Each committee with authority to act on behalf of the governing body?	8b 9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		√
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	7	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13 14 15	Did the organization have a written whistleblower policy?	13	1	✓
a b	The organization's CEO, Executive Director, or top management official	15a 15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160	- ر	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16a		
Scati	organization's exempt status with respect to such arrangements?	16b	_√	L
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501	(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	Tiffany Hornshy 3695 Desatova Dr. Carson City. NV 89701-2082 / 775-887-1795 v143			

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Form,990 (2016)

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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.

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

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
(A)					2)					
رحر) Name and Title	(B) Average hours per week (list any	box, office	(do not check more than one box, unless person is both ar officer and a director/trustee)		an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Sheri WoodsGreen	3					!				•
President / Executive Director	<u> </u>	✓		✓				12,000	0	
(2) Rob Hooper	1			_						
Treasurer				✓				0	0	
(3) Rosella Cook	11			,					_	
Secretary	 		-	-			_	ļ <u>o</u>	0	
(4)										
(5)										· · · · · · · · · · · · · · · · · · ·
(6)							-			
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)	ļ									

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Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (contin	nued)			
•		(C) Position												
	(A)	(B)	(do n				than o	one	(D)	(E)	(F)			
	Name and title	Average hours per					ıs both or/trusi		Reportable compensation	Reportable compensation from		Estima amour		
		week (list any	⊢		_			一	from	related		othe		
		hours for related	divid	stitu	Officer	ey e	랑흥	Former	the organization	organizations (W-2/1099-MISC)	CO	mpen: from		l
		organizations below dotted	dual	tion		Key employee	yee co	"	(W-2/1099-MISC)		1	rganız and rel		
		line)	Individual trustee or director	al to		yee	mpe	i				ganıza		
			Ē	Institutional trustee	ŀ		Highest compensated employee							
					<u>_</u>		<u> 2</u>	<u> </u>	ļ		!			
(15)			ļ											
(16)		ļ	 	_	┝	_		 	 		 -	—		
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3		† 	1				_							
1b	Sub-total							>	12,000	O O				0
C	Total from continuation sheets to Part	VII, Sectio	n A						0	0				0
<u>d</u>		<u> </u>						<u> </u>	12,000		L			0
2	Total number of individuals (including bureportable compensation from the organization)		to th	ose	list	ed	above	e) w	no received m	ore than \$100,00	00 ot			
	reportable compensation from the organ	Zalion										-	/es	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	эe,	key e	emp	oloyee, or high	est compensate	ed 🗀	- '		110
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	indi	vidu	ıal					3	-	1
4	For any individual listed on line 1a, is the											T		
	organization and related organizations	greater th	an \$1	150,	000	? /:	f "Ye	s, "	complete Sch	edule J for suc	}		.	
_	individual				Han	 •	m on					4	_	✓_
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or individu		5		
Section	on B. Independent Contractors		,5.					-					i_	<u> </u>
1	Complete this table for your five highest	compensat	ed ind	depe	end	ent	contr	act	ors that receive	ed more than \$10	00,000	of		
	compensation from the organization. Repyear.												's ta	×
	(A) Name and business add	dress							(B) Description of s	ervices		(C) ensati	ion	
								\vdash						
								_						
	Total number of independent continues	ra (inalizati	20 -	.+ -	^+	د: محرزا	od +		none listed at	avol who	_			
2	Total number of independent contractor received more than \$100,000 of compens							י נר	iose listed abi	ove) wild				

Leit		Check if Schedule O contains a res	nonse or note to	any line in this	Part VIII		🗸
		Officer if Ochequie O Contains a res	porise or riote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts st	1a	Federated campaigns 1a	0				
ira i	b	Membership dues 1b	0		ļ		
S, E	С	Fundraising events 1c	0				
를	d	Related organizations 1d	0			1	
iE i	е	Government grants (contributions) 1e	0		ļ	ļ	
er ë	f	All other contributions, gifts, grants,	1			ļ	
를 돌		and similar amounts not included above 1f	100,000				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$	50,000		Ì		
<u>5 6</u>	<u>h</u>	Total. Add lines 1a-1f	Business Code	100,000			
, and	0-	Circula Familia Dantal		44.070	44.070		· · - —
eve	2a	Single Family Rental	531110	11,078	11,078	0	0
Program Service Revenue	b	Multi-family Management	531390	44,328	44,328	0	0
Š	d		<u> </u>				
ı S	u		ļ- 				
grar	f	All other program service revenue .					
Pro	g	Total. Add lines 2a-2f		55,406			
	3	Investment income (including divid	lends, interest,				
		and other similar amounts)	🕨	0	0	O	0
	4	Income from investment of tax-exempt b	ond proceeds ►	0	0	0	0
	5	Royalties	<u></u> ▶	0	0	0	0
!		(i) Real	(II) Personal				
	6a	Gross rents0	0				
	b	Less: rental expenses 0	0				
	C	Rental income or (loss)	0				
	d	Net rental income or (loss) Grass amount from sales of (i) Securities	(ii) Other	0	0	0	0
	7a	and all all and an investor	+				
	ь	Less: cost or other basis	0				
		and sales expenses .	ا				
	С	Gain or (loss)		ł	'		
	ď	Net gain or (loss)		o	0	o	
anne		Gross income from fundraising					
Other Revenue		events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a	0				
ਠੋ	l	Less: direct expenses b	<u> </u>				
	C	Net income or (loss) from fundraising	events . ►	0		0	0
	ya	Gross income from gaming activities. See Part IV, line 19		1			
	[Less: direct expenses	· — — •				
	b	Net income or (loss) from gaming act		O		O	
	-	Gross sales of inventory, less returns and allowances		<u>_</u>			
	ь	Less: cost of goods sold	 				
		Net income or (loss) from sales of inv		o	O	o	
		Miscellaneous Revenue	Business Code				
	11a			0	o	0	0
	b			0	0	0	0
	C			0	0	0	0
	d	All other revenue		0	0	0	0
	е	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions	▶	155,406	55,406	0	0
							Form 990 (2016)

Constin	on EO1/a)/2) and EO1/a)/4) argonizations much som	plote all salumna Al	Il other ergenization	a must as malata salı	ump (A)
Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a response include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	e in this Part IX . (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0	gonoral expenses	- CAPSIIOGO
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	o	0	(
7 8	Other salaries and wages	0	0	0	
9	Other employee benefits	0	0	0	
10	Payroll taxes	0	0	0	
11	Fees for services (non-employees):				
а	Management	48,887	887	48,000	
ь	Legal	1,140	0	1,140	
C	Accounting	0	0	0	
d	Lobbying	0	0		
e	Professional fundraising services. See Part IV, line 17 Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	
12	Advertising and promotion	0	0	0	
13	Office expenses	50	0	50	(
14	Information technology	0	0	0	
15	Royalties [0	0	0	
16	Occupancy	3,073	3,073		
17	Travel	0	0	0	(
18	Payments of travel or entertainment expenses		_		
40	for any federal, state, or local public officials	0	0	0	
19 20	Conferences, conventions, and meetings . Interest	0	0	0	
21	Interest	0	0		
22	Depreciation, depletion, and amortization .	2,818	2,818		
23	Insurance	2,424	651	1,773	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	,	0	0	0	
b		0	0	0	
c		0	0	0	
d		0	0	0	
е	All other expenses	0	0	0	
25	Total functional expenses. Add lines 1 through 24e	58,392	7,429	50,963	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0	0	0	,

<u>. </u>		Check if Schedule O contains a response or note to any line in this Par	tX <u></u> .	<u> </u>	<u></u> 🗀
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	129,431	1	292,269
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	159,926	4	111,873
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
its	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
۲	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 113,729			
	b	Less: accumulated depreciation 10b 14,561	101,987	10c	99,168
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	189,193	13	189,240
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	580,536	16	692,550
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	15,000
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Sa	22	Loans and other payables to current and former officers, directors,			
ĔΙ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	0
ן ב	23	Secured mortgages and notes payable to unrelated third parties	111,530	23	111,530
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	. 111,530	26	111,530
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	0	27	0
Ba	28	Temporarily restricted net assets	0	28	0
힏	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	0	30	0
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
Ž	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
Ž	33	Total net assets or fund balances	469,006	33	566,020
	34	Total liabilities and net assets/fund balances	580,536	34	692,550

Form 9	90 (2016) °			Do	age 1 2
	XI. Reconciliation of Net Assets				ge 12
, ,	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)	<u> </u>	_ 		55,400
2	Total expenses (must equal Part IX, column (A), line 25)	2			58,39
3	Revenue less expenses. Subtract line 2 from line 1	3			97,014
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			59,000
5	Net unrealized gains (losses) on investments	5			13,000
6	Donated services and use of facilities	6			
-		7			
7	Investment expenses				
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		<u>56</u>	66,020
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>	<u> </u>	پا_
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 📝 Accrual 🔲 Other		_		ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ir	1		l
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r		ĺ
	reviewed on a separate basis, consolidated basis, or both:				ĺ
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				ĺ
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	a 🗔		
	separate basis, consolidated basis, or both:				1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1
_	If "Yes" to line 2a or 2h, does the organization have a committee that assumes responsibility for o	versiah	,		

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Form **990** (2016)

2c

3a

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer** identification number Nevada Rural Housing, Inc. DBA Desert Winds Development Group 20-1594213 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See **section 509**(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)

Part	• • • • • • • • • • • • • • • • • • • •						t
	(Complete only if you checked the				_	•	lity under
C4:	Part III. If the organization fails to	quality unde	r the tests lis	sted below, p	please comple	ete Part III.)	
	on A. Public Support	1.2040	# N 0040	() 0044	T (1) 2045	() 0010	
Calen 1	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
'	membership fees received. (Do not					1	
	include any "unusual grants.")	22,500				100,000	122 500
2	Tax revenues levied for the	22,300			 	100,000	122,500
_	organization's benefit and either paid			i		ļ	
	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	22,500				100,000	122,500
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly]			ļ		
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	• • • • • • • • • • • • • • • • • • • •	ļ			 		
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support	L					122,500
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	22,500	(6) 2010	(0) 2014	(u) 2013	100,000	122,500
8	Gross income from interest, dividends,	22,300				100,000	122,300
J	payments received on securities loans,				1	1	
	rents, royalties and income from similar						
	sources				<u> </u>		
9	Net income from unrelated business			-			
	activities, whether or not the business				1		
	is regularly carried on						
10	Other income. Do not include gain or]	
	loss from the sale of capital assets (Explain in Part VI.)						
4.4	• •				 	 	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ine)	L	<u> </u>	12	122,500
13	First five years. If the Form 990 is for the	•	•	d. third. fourth	n. or fifth tax v		714,091 501(c)(3)
	organization, check this box and stop he	•			•		. , , ,
Secti	on C. Computation of Public Support					_ 	
14	Public support percentage for 2016 (line	6, column (f) div	vided by line 1	1, column (f))		14	100 %
15	Public support percentage from 2015 Scl					15	100 %
16a	331/3% support test-2016. If the organ						
	box and stop here. The organization qua						
b	331/3% support test—2015. If the organi						
	this box and stop here. The organization	-					
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me Part VI how the organization meets the '						
	organization						
.	10%-facts-and-circumstances test—2						
IJ	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization r						
	supported organization						
18	Private foundation. If the organization di	id not check a l	box on line 13	, 16a, 16b, 17	a, or 17b, chec	k this box and s	ee —
	instructions		<u></u> .	<u>.</u>		<u>.</u>	. <u>.</u> 🟲 🗀

Part	III Support Schedule for Organiza	tions Descr	ibed in Sect	ion 509(a)(2)		-	rage O
	(Complete only if you checked th					d to qualify u	nder Part II.
	If the organization fails to qualify						
Secti	on A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf				_		
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						[
			ļ				
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
, ,	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified			l	,		
	persons that exceed the greater of \$5,000	•					ļ
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						1
Casti	line 6.)		l		L		L
	on B. Total Support	(-) 0010	(h) 0010	(-) 004.4	(4) 0045	(-) 0010	(0.T. t-1
Galen 9	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016_	(f) Total
-	Amounts from line 6				-		<u> </u>
IVa	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business					-	
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or				ļ		
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)	e organization	a's first, secon	d third fourth	or fifth tax v	ar as a section	n 501(c)(3)
	organization, check this box and stop her	<u>e</u>	<u> </u>		•		· · · <u>► □</u>
	on C. Computation of Public Suppor			0 1 (0)		7451	
15	Public support percentage for 2016 (line 8						<u>%</u>
16 Secti	Public support percentage from 2015 Sch on D. Computation of Investment Inc			· · · · ·	<u></u>	16	
17	Investment income percentage for 2016 (li			v line 12 colu	mp (fl)	17	<u></u>
18	Investment income percentage for 2016 (investment income percentage from 2015						
19a	331/3% support tests—2016. If the organi						
124	17 is not more than 331/3%, check this box a	and stop here.	. The organizati	on qualifies as	a publicly supp	orted organizat	ion , 🕨 🔲
b	331/3% support tests—2015. If the organization 18 is not more than 331/3%, check this b						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV . Supporting Organizations

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status 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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	~	
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 .	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
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 .	9a		
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.	9b		
С	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 .	9c		
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 10b below.	10a		
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.)

10b

	le A (Form 990 or 990-EZ) 2016			Page \$
Part	Supporting Organizations (continued)		154	T
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
''а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	İ		Í
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	
ecti	on B. Type I Supporting Organizations		I	
	Did the dissertant two there are no seem to be a seem to	Γ	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		<u> </u>	ł
	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,	ļ	ļ	
	describe how the powers to appoint and/or remove 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			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		Í	<u> </u>
	supervised, or controlled the supporting organization.	2	<u> </u>	L
ecu	on C. Type II Supporting Organizations		X	
1	Ware a majority of the argenization's directors or trustoes during the tax year also a majority of the directors	Γ	Yes	No
•	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	1	ļ	l
	or management of the supporting organization was vested in the same persons that controlled or managed		ĺ	
	the supported organization(s).	1		
ecti	on 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			ļ
	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			ļ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	l		ł
	supported organizations played in this regard.	3		
ecti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).

C	Ine organization supported a governmental entity. Describe in Part VI now you supported a government entity (see in:	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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 (a) 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 (a) and (b) 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? *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	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	janiz	zations	
:1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	<u>izatio</u>	ons must complete Secti	ions A through E.
Section 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	·	<u> </u>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	··	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly inte	egrated Type III supporti	ng organization (see

Schedule A (Form 990 or 990-EZ) 2016

Part	Type III Non-Functionally Integrated 509(a)(3)	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	J		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		-	
			(ii)	(iii)
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b			· · · · · · · · · · · · · · · · · · ·	
С	From 2013			
d	From 2014			
е	From 2015		<u> </u>	
f_	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
_ i	Carryover from 2011 not applied (see instructions)			
_ j _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
_ a	<u></u>			
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

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

SCHEDULE D (Form 990)

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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name o	f the organization		Employer ide	entification number
Nevad	a Rural Housing, Inc - DBA Desert Winds Development	Group		20-1594213
Par	t I Organizations Maintaining Donor Adv	vised Funds or Other Similar Fun	ds or Acc	ounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.		
_		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that the assets he	eld in donc	or advised
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	l?	· · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gran	it funds cai	n be used
	only for charitable purposes and not for the bene			
	conferring impermissible private benefit?			· · · 🗌 Yes 🗌 No
Par	II Conservation Easements.			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the	organization (check all that apply).		
	Preservation of land for public use (e.g., recrea	tion or education) Preservation of	a historica	lly important land area
	☐ Protection of natural habitat	☐ Preservation of	a certified	historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution		
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easemen	ts	2b	
С	Number of conservation easements on a certified	historic structure included in (a)	2c	
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a	
	historic structure listed in the National Register .		· · 2d	
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or tern	ninated by	the organization during the
4	Number of states where property subject to conse	rvation easement is located ▶		
5	Does the organization have a written policy re		pection, ha	andling of
	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing of	conservation	easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspectin	ng, handling of violations, and enforcing	conservatio	n easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text			
	organization's accounting for conservation easem			
Par	Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Sir	nilar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	revenue st	atement and balance sheet
	works of art, historical treasures, or other simila	r assets held for public exhibition, ed	ucation, or	research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	describes	these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue sta	atement and balance sheet
	works of art, historical treasures, or other simila	r assets held for public exhibition, ed	ucation, or	research in furtherance of
	public service, provide the following amounts relate	· ·		
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art	, historical treasures, or other similar	assets for	
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X	<u> </u>	. <u>.</u>	\$
	perwork Reduction Act Notice, see the Instructions fo			

Schedule D (Form 990) 2016

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Schedule	ח	(Form	aau,	2016

Part	Organizations Maintaining	Collections of	Art, Hist	orical 1	reasures,	or Ot	her Similar Ass	sets (continued)
,3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):							
а	Public exhibition		_		or exchange			
b	Scholarly research		e (Other	, 			
	Preservation for future generations	, , , ,						
4	Provide a description of the organizat XIII.	ion's collections	and expla	iin how t	ney turther t	ne org	anization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							r □ Yes □ No
Part			<u> </u>					
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on For	m 990, i	Part IV, line	9, or	reported an am	ount on Form
	Is the organization an agent, trustee, included on Form 990, Part X?							t Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing t	able:			
							Ar	nount
C	Beginning balance					1c		
d						1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amour							
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	cplanatio	n has been p	orovide	ed on Part XIII .	<u></u>
Par								
	Complete if the organization							
		(a) Current year	(b) Pric	or year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses			· · · · · ·				
d	Grants or scholarships							<u></u>
е	Other expenditures for facilities and programs				l			
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	, column (a)) held (as:	
а	Board designated or quasi-endowment	nt 🕨	%					
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and	•						
3a	Are there endowment funds not in the	e possession of the	ne organi:	zation th	at are held a	and ad	ministered for the	
	organization by:							Yes No
	(i) unrelated organizations						· • · · · ·	3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related o						· • · · · ·	3b
4	Describe in Part XIII the intended uses		on's endo	wment f	unds.			
Part	· · · · · · · · · · · · · · · · · · ·		" .	000	7-4-1\1 - 15- ·	44-	0 000	D V 15 40
	Complete if the organization				·			
	Description of property	(a) Cost or o		1	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land	· [43,274					43,274
b	Buildings		70,455				14,561	55,894
C	Leasehold improvements							
d	Equipment							
e	Other							
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part)	K, columi	n (B), line 10	c.) .	•	99,168

Part VII	Investments—Other Securities.	1407 - 11 5	000 Dt I	M line 4	1h Caa Fa	000 Dark V. Uma 40
: ,	Complete if the organization answere	ed "Yes" on For				
	(a) Description of security or category (including name of security)		(b) Book valu	le	• • •	nod of valuation of-year market value
(1) Financial						
	neld equity interests	· · · · · ·				
(3) Other						
(A)						
(B)						
(C) (D)						
(E)						
(F)	······					
(G)						
(H)			<u>.</u>			
	b) must equal Form 990, Part X, col. (B) line 12.) ▶					· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments—Program Related.					
	Complete if the organization answere	ed "Yes" on For	m 990. Part I	V. line 1	1c. See Form	990. Part X. line 13.
	(a) Description of investment	74 100 0111 01	(b) Book value	 		hod of valuation
	(a) Dooripuon on invocation.		(5) 200% (4)		• •	of-year market value
	Contributions in 7 low income housing tax cr	edit properties	18	9,240 Co	st	
(2)						
(3)						
(4)						
<u>(5)</u>						
(6)			_			
<u>(7)</u>						
(8) (9)						<u> </u>
	b) must equal Form 990, Part X, col. (B) line 13.)		18	9,240		
Part IX	Other Assets.			<u> </u>		
	Complete if the organization answere	ed "Yes" on For	m 990, Part I	V, line 1	1d. See Form	990, Part X, line 15.
	(a) Des	cription			·	(b) Book value
(1)						
(2)						
(3)				_		
(4)						
(5)						<u> </u>
(6)						
_(7)						
(8)						
(9)	man (h) must aqual Form 000. Bort V. ani /F	Olling 15)				
	mn (b) must equal Form 990, Part X, col. (E	s) iirie 15.)	<u> </u>	· · ·	<u>.</u> ▶	
Part X	Other Liabilities. Complete if the organization answere	nd "Voo" on Fo	m 000 Part I	V line 1	10 or 11f Soc	Form 000 Part Y
	line 25.	eu tes onroi	111 990, Part 1	v, iirie i	ie or i ii. See	From 990, Fan A,
1.	(a) Description of liability	(b) Book value				
(1) Federal II						
(2)						
(3)						
(4)						
(5)						
(6)						
(5) (6) (7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col (B) line 25) ▶					
2. Liability fo	r uncertain tax positions. In Part XIII, provide the	ne text of the footn	ote to the organ	ization's f	inancial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	· · · · · · · · · · · · · · · · · · ·		Return.	
<u>, , , </u>	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
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.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b		4	
b	Other (Describe in Part XIII.)		-	
С 5	Add lines 4a and 4b		4c	
Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line Reconciliation of Expenses per Audited Financial Stater		5	—
rart	Complete if the organization answered "Yes" on Form 990,		er neturn.	
1	Total expenses and losses per audited financial statements		T1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	-	
c	Other losses		-	
d	Other (Describe in Part XIII.)		1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	_
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			_
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	7	
С	Add lines 4a and 4b		4c	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.)	5	
	XIII Supplemental Information.			
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			ne
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.	
	•••••••••••••••••••••••••••••••••••••••			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

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

irs.gov/form990. Inspection
Employer identification number

Nevada	a Rural Housing, Inc - DBA Desert Wi	inds Develo	pment_Group			20-15942	13		
Part	Types of Property		,						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on	Method o			
1	Art—Works of art			' 	<u> </u>				
2	Art - Historical treasures								
3	Art — Fractional interests								
4	Books and publications								
5	Clothing and household					 			
•	goods								
6	Cars and other vehicles	<u> </u>						_	
7	Boats and planes								
8	Intellectual property		·	 -					
9	Securities—Publicly traded								
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC,	 							
	or trust interests								
12	Securities-Miscellaneous								
13	Qualified conservation	·							
	contribution—Historic					ļ			
	structures	1				}			
14	Qualified conservation					 	·		
	contribution—Other					ł			
15	Real estate—Residential					<u> </u>			
16	Real estate—Commercial	<u> </u>							
17	Real estate—Other								
18	Collectibles					i			
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts						· · · · · · · · · · · · · · · · · · ·		
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (Gift cards)	1	1		50.000	Gift card fac	e value		
26	Other ► ()								
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received	by the or	ganization during the tax y	ear for contribu	tions for				
	which the organization completed	Form 8283	3, Part IV, Donee Acknowle	dgement		29_	0		
								Yes	No
30a	During the year, did the organization	tion receive	by contribution any prope	erty reported in F	art I, lines	1 through			
	28, that it must hold for at least the						1		
	to be used for exempt purposes to	for the entir	re holding period?				30a		✓
b	If "Yes," describe the arrangemen	it in Part II.							
31	Does the organization have a	gift accep	otance policy that require	es the review o	of any n	onstandard	li		
	contributions?						31	√	
32a	Does the organization hire or use	e third part	ties or related organization	s to solicit, proc	ess, or se	ell noncash			
	contributions?						32a		✓
b	If "Yes," describe in Part II.								
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which c	olumn (a)	is checked,			

SCHEDULE O , (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Nevada Rural Housing, Inc. DBA Desert Winds Development Group	20-1594213
990 Form - Part III - Line 4d - Other program services	
\$100,000 (\$50,000 cash and \$50,000 in Home Depot gift cards) grant received from The Home Depot for a newly constructed low-income housing tax credit property in rural Carson City, Nevada	Foundation for furniture and fixtures
990 Form - Part VI - Section A - Line 4 - Significant Changes	
Bylaws were amended 12/2/2016 modifying "The number of directors of the Corporation shall be no	ot less than three nor more than seven."
Preceding bylaws stated "the number of directors of the Corporation shall not be less than five, no	r more than nine."
990 Form - Part VI - Line 8b - Committees	
The organization does not have any committees	
990 Form - Part VI - Line 11b	·
The return preparer provides a final version to all Directors and Officers by email	
990 Form - Part VI - Line 12c	
During board meetings it is determined if any conflict of interest arises based on discussions taking	g place. If so, the associated officer
or Director will not engage in discussions.	
990 Form - Part VI - Line 15b	
Compensation for the Executive Director and officers is reviewed by the board annually at the time	budgets are submitted and approved.
990 Form - Part VI - Line 19	
The organization's documents are available to the public upon request.	