

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **10-01-2019**, and ending **09-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **SOUTHWEST HOUSING SOLUTIONS**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **5716 MICHIGAN AVENUE NO 3000**
 City or town, state or province, country, and ZIP or foreign postal code: **DETROIT, MI 48210**

D Employer identification number: **38-2324335**

E Telephone number: **(313) 841-3727**

F Name and address of principal officer:
SEAN DE FOUR
5716 MICHIGAN AVENUE NO 3000
DETROIT, MI 48210

G Gross receipts \$ **8,336,255**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.SWSOL.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1989 **M** State of legal domicile: MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SOUTHWEST SOLUTIONS IS A MAJOR PROVIDER OF BOTH HEALTH AND HUMAN SERVICES AND HOUSING AND ECONOMIC DEVELOPMENT; ALL WITH THE GOAL OF BUILDING A HEALTHY AND STRONG COMMUNITY.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	25
6 Total number of volunteers (estimate if necessary)	6	23
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	954,853	1,109,590
9 Program service revenue (Part VIII, line 2g)	2,189,254	2,553,973
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	270,726	721,783
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,429,309	830,973
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,844,142	5,216,319
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	198,696	171,695
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,502,592	1,538,584
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,012,506	3,259,951
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,713,794	4,970,230
19 Revenue less expenses. Subtract line 18 from line 12	130,348	246,089

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	37,769,873	36,892,717
21 Total liabilities (Part X, line 26)	9,654,267	9,084,690
22 Net assets or fund balances. Subtract line 21 from line 20	28,115,606	27,808,027

Part II Signature Block

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: _____ Date: 2021-08-16
 MICHELLE R SHERMAN CHIEF OPERATING OFFICER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2021-08-16
 Check if self-employed PTIN: P00187863
 Firm's name ▶ BAKER TILLY US LLP Firm's EIN ▶ 39-0859910
 Firm's address ▶ 777 E WISCONSIN AVENUE 32ND FLOOR Phone no. (414) 777-5500
 MILWAUKEE, WI 53202

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 prior Form 990 or 990-EZ? Yes No

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 No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,728,812 including grants of \$ 171,695) (Revenue \$ 3,384,946)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 4,728,812

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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		No
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		No
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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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	Yes	
11c	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		No
11d	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	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		No
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		No
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		No
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)		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 []

Table with 3 columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (19), 2 (No), 3 (No), 4 (Yes), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MICHELLE R SHERMAN 5716 MICHIGAN AVENUE NO 3000 DETROIT, MI 48210 (313) 481-3103

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	939,177				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	170,413				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			1,109,590			
Program Service Revenue	2a PROPERTY MANAGEMENT FEES	Business Code					
		531310	1,329,298	1,329,298			
	b RENTAL INCOME	531110	1,180,755	1,180,755			
	c PROGRAM REVENUE	531390	43,920	43,920			
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		2,553,973					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		721,783			721,783	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a				
			(ii) Personal	6a			
		b Less: rental expenses	(i) Real	6b			
			(ii) Personal	6b			
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a				
			(ii) Other	7a			
		b Less: cost or other basis and sales expenses	(i) Securities	7b			
			(ii) Other	7b			
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a				
		b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		10a	3,494,369				
	b Less: cost of goods sold	10b	3,119,936				
c Net income or (loss) from sales of inventory			374,433	374,433			
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS	900099		456,540	456,540			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			456,540				
12 Total revenue. See instructions			5,216,319	3,384,946	0	721,783	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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 and domestic governments. See Part IV, line 21	171,695	171,695		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,277,316	1,195,098	82,218	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	151,792	141,270	10,522	
10 Payroll taxes	109,476	103,559	5,917	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,064,144	981,059	83,085	
12 Advertising and promotion				
13 Office expenses	87,083	81,949	5,134	
14 Information technology				
15 Royalties				
16 Occupancy	1,522,836	1,505,155	17,681	
17 Travel	22,531	22,015	516	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	104,098	94,814	9,284	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	100,145	92,249	7,896	
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.)				
a PROGRAM COSTS	182,331	182,331		
b OTHER EXPENSES	152,410	135,191	17,219	
c DEVELOPMENT AND COMMUNI	24,373	22,427	1,946	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,970,230	4,728,812	241,418	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	214,650	1	231,188
	2 Savings and temporary cash investments	5,368,234	2	5,362,495
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,534,122	4	3,654,800
	5 Loans and other 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	8,053,841	7	8,303,689
	8 Inventories for sale or use	2,211,049	8	1,879,130
	9 Prepaid expenses and deferred charges	0	9	15,764
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,557,831		
	b Less: accumulated depreciation	10b 1,696,209	3,169,038	10c 2,861,622
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	11,338,382	12	10,341,172
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,880,557	15	4,242,857
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,769,873	16	36,892,717	
Liabilities	17 Accounts payable and accrued expenses	1,384,055	17	471,703
	18 Grants payable		18	
	19 Deferred revenue	3,119,772	19	2,707,600
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,393,544	23	3,419,433
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	1,756,896	25	2,485,954
	26 Total liabilities. Add lines 17 through 25	9,654,267	26	9,084,690
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	22,372,772	27	22,307,342
	28 Net assets with donor restrictions	5,742,834	28	5,500,685
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	28,115,606	32	27,808,027	
33 Total liabilities and net assets/fund balances	37,769,873	33	36,892,717	

Part 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	5,216,319
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,970,230
3	Revenue less expenses. Subtract line 2 from line 1	3	246,089
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,115,606
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	-163,928
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-389,740
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,808,027

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b		No
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c		
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>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.</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 38-2324335

Name: SOUTHWEST HOUSING SOLUTIONS

Form 990 (2019)

Form 990, Part III, Line 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.DEVELOPMENT OF LOW INCOME/TAX CREDIT HOUSING. THE ORGANIZATION HAS DEVELOPED 16 LIHTC PROPERTIES SINCE 1998 AND CONTINUES EFFORTS FOR NEIGHBORHOOD REVITALIZATION THROUGH RESIDENTIAL AND COMMERCIAL DEVELOPMENT.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH TASSE INTERIM PRESIDENT	3.90 36.10			X				0	288,480	0
MICHELLE SHERMAN COO & TREASURER	3.90 36.10			X				0	213,920	16,928
TIMOTHY THORLAND EXECUTIVE DIRECTOR	36.10 3.90			X				0	167,028	20,841
JENNIFER TUCK HOUSING DIRECTOR/OFFICER	38.00 2.00					X		114,970	0	22,736
STEVEN GABRYS HOUSING DIRECTOR/OFFICER	39.00 1.00					X		119,537	0	5,794
DORIS PATRICK DIRECTOR (SWS) - FROM 01/2020	1.00 5.00	X						0	0	0
DUANE LEWIS DIRECTOR (SWS) - FROM 01/2020	1.00 5.00	X						0	0	0
RON ROSE DIRECTOR (SWS) - FROM 01/2020	1.00 5.00	X						0	0	0
BRAD CRITCHFIELD DIRECTOR (SWS) - FROM 01/2020	1.00 5.00	X						0	0	0
CHRIS LEZOVICH DIRECTOR (SWS) - FROM 01/2020	1.00 5.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHANIE MILLER DIRECTOR (SWS) - FROM 01/2020	1.00 5.00	X						0	0	0
MILT MACK DIRECTOR (SWS) - FROM 01/2020	1.00 5.00	X						0	0	0
DEWAYNE WELLS DIRECTOR (SWS) - FROM 01/2020	1.00 5.00	X						0	0	0
DAN SHARE DIRECTOR (SWS) - FROM 01/2020	1.00 5.00	X						0	0	0
SETH LLOYD DIRECTOR (SWS) - FROM 01/2020	1.00 5.00	X						0	0	0
LINDA WEST DIRECTOR (SWS) - FROM 01/2020	1.00 5.00	X						0	0	0
JANET LAWSON DIRECTOR (SWS) - FROM 01/2020	1.00 5.00	X						0	0	0
OLGA STELLA DIRECTOR (SWS) - FROM 01/2020	1.00 5.00	X						0	0	0
STEVEN KOSUDA DIRECTOR	1.00 5.00	X						0	0	0
GEHAD H ALAWAN DIRECTOR	1.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SOUTHWEST HOUSING SOLUTIONS

Employer identification number
38-2324335

Part I 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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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:
- 10 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.)
- 11 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	3,683,185	2,099,127	604,551	954,853	1,109,102	8,450,818
2 Tax revenues levied for the organization'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	3,683,185	2,099,127	604,551	954,853	1,109,102	8,450,818
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) . . .						2,283,036
6 Public support. Subtract line 5 from line 4.						6,167,782

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	3,683,185	2,099,127	604,551	954,853	1,109,102	8,450,818
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	421,287	235,536	161,115	270,726	721,783	1,810,447
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						10,261,265
12 Gross receipts from related activities, etc. (see instructions)					12	48,758,750

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	60.110 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	67.630 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
6	Total. Add lines 1 through 5						
7a	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 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.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	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.						
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 loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 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 on line 12 of 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.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	4b		
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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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? <i>If "Yes," provide detail in Part VI.</i>		
	6		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		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 tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

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)? <i>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(s).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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 income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) 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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections 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	
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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 38-2324335

Name: SOUTHWEST HOUSING SOLUTIONS

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).

Facts And Circumstances Test

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization: SOUTHWEST HOUSING SOLUTIONS

Employer identification number: 38-2324335

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes questions about donor notification.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (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):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		477,222		477,222
b Buildings		1,032,513	607,258	425,255
c Leasehold improvements		1,427,533	617,182	810,351
d Equipment		445,150	404,695	40,455
e Other		1,175,413	67,074	1,108,339
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,861,622

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) INVESTMENTS IN DEVELOPMENTS AND LDHA LPS	10,341,172	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	10,341,172	

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. (Column (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
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	4,242,857

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	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,485,954

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part 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.

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 38-2324335
Name: SOUTHWEST HOUSING SOLUTIONS

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
CAPITAL LEASE ASSETS	42,798
DUE FROM SOUTHWEST SOLUTIONS	274,783
DUE FROM SOUTHWEST COUNSELING	120,040
DUE FROM MICHIGAN LENDING	197,466
DUE FROM 250 WGB, LDHALP	161,784
DUE FROM 388 WGB, LDHALP	126,326
DUE FROM MARTIN GARDENS, LDHALP	228,931
DUE FROM SOUTHWEST HOUSING PARTNERS I, LDHALP	71,228
DUE FROM SPRINGWELLS I, LDHALP	326,702
DUE FROM SPRINGWELLS II, LDHALP	499,335
DUE FROM SPRINGWELLS III, LDHALP	281,622
DUE FROM LITHUANIAN HALL, LLC	34,358
DUE FROM BAGLEY HOUSING ASSOCIATION	101
DUE FROM 5716 PARTNER, LLC	522,984
DUE FROM DEVELOPMENT	138,074
DUE FROM VIE PARTNERSHIP	1,290,028
DUE FROM PARTNERSHIPS	-73,703

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
CAPITAL LEASES	42,798
DUE TO SOUTHWEST SOLUTIONS	334,648
DUE TO SOUTHWEST COUNSELING	206,044
DUE TO SOUTHWEST ECONOMICS	-814
DUE TO 388 WGB	5,052
DUE TO SPRINGWELLS I, LDHALP	128,250
DUE TO SPRINGWELLS II, LDHALP	73,952
DUE TO NEWBERRY LLC	124,180
DUE TO LITHUANIAN HALL, LLC	142,800
DUE TO VIE	48,711

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
AFFILIATE LOANS PAYABLE	1,380,333

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization SOUTHWEST HOUSING SOLUTIONS

Employer identification number 38-2324335

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 2
3 Enter total number of other organizations listed in the line 1 table. 1

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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.

Additional Data

Software ID:
Software Version:
EIN: 38-2324335
Name: SOUTHWEST HOUSING SOLUTIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
388 WEST GRAND BOULEVARD LDHALP 1920 25TH STREET DETROIT, MI 48216	38-3304282		84,496				HUD SUPPORT
SOUTHWEST ECONOMIC SOLUTIONS 5716 MICHIGAN AVE DETROIT, MI 48210	46-2252476	501(C)(3)	63,000				PASS THROUGH FUNDING - NWA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST COUNSELING SOLUTIONS 5716 MICHIGAN AVE DETROIT, MI 48210	38-2042021	501(C)(3)	24,199				PASS THROUGH FUNDING - HUD

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SOUTHWEST HOUSING SOLUTIONS

Employer identification number
38-2324335

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
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 related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization?	5b	No								
If "Yes," on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization?	6b	No								
If "Yes," on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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.

Return Reference	Explanation
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 O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury

Name of the organization

SOUTHWEST HOUSING SOLUTIONS

Employer identification number

38-2324335

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	EFFECTIVE JANUARY 1, 2020 WITH THE AMENDMENT OF THE ORGANIZATION'S BYLAWS (AS DISCLOSED ON SCHEDULE O), THE BOARD OF DIRECTORS OF SOUTHWEST SOLUTIONS, INC. WAS GRANTED WITH FULL VOTING AND OVERSIGHT RESPONSIBILITIES OF THE BOARD OF DIRECTORS OF ALL SOUTHWEST ENTITIES, INCLUDING THE FILING ORGANIZATION. THEREFORE BEGINNING JANUARY 1, 2020 AND AFTER, ONLY THOSE BOARD DIRECTORS DESIGNATED WITH "SWS" ON PART VII HAVE VOTING RIGHTS FOR THE FILING ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	EFFECTIVE JANUARY 1, 2020, THE ORGANIZATION'S BYLAWS WERE AMENDED TO INCLUDE THE BOARD MEMBERS OF THE PARENT COMPANY, SOUTHWEST SOLUTIONS, INC., IN ORDER TO HAVE ONE BOARD OF DIRECTORS OVERSEEING ALL THE SOUTHWEST ENTITIES, INCLUDING THE FILING ORGANIZATION. THIS AMENDMENT TO THE BYLAWS GRANTED VOTING AND OVERSIGHT RESPONSIBILITIES OF THE ORGANIZATION TO THE BOARD OF DIRECTORS OF SOUTHWEST SOLUTIONS, INC. AND ALSO ESTABLISHED TERM LIMITS FOR BOARD MEMBERS TO THREE YEARS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	SOUTHWEST HOUSING SOLUTIONS IS A WHOLLY-OWNED SUBSIDIARY OF SOUTHWEST SOLUTIONS, THE PARENT COMPANY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	BOARD MEMBERS MUST BE APPOINTED BY SOUTHWEST SOLUTIONS BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE 990 WAS REVIEWED BY THE FINANCIAL CONTROLLER AND PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO THE FILING OF THE FORM 990 WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY THE CONFLICT OF INTEREST POLICY IS PROVIDED TO THE BOARD MEMBERS FOR REVIEW AND APPROVAL. IN ADDITION, THE DISCLOSURE STATEMENT IS COMPLETED ON AN ANNUAL BASIS BY ALL BOARD MEMBERS. IF THERE ARE ANY CONFLICTS OF INTEREST, THE BOARD MEMBER WOULD ABSTAIN FROM VOTING. ALL SOUTHWEST HOUSING SOLUTIONS EMPLOYEES AND BOARD MEMBERS ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS SET BY THE COMPENSATION COMMITTEE OF SOUTHWEST SOLUTIONS, A 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. COMPENSATION WAS LAST REVIEWED IN 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER ADMINISTRATIVE FEES: PROGRAM SERVICE EXPENSES 946,741. MANAGEMENT AND GENERAL EXPENSES 61,811. TOTAL EXPENSES 1,008,552. CONTRACT SERVICE AND PROFESSIONAL EXPENSES: PROGRAM SERVICE EXPENSES 34,318. MANAGEMENT AND GENERAL EXPENSES 21,274. TOTAL EXPENSES 55,592.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	RELEASE OF RESTRICTIONS -389,740.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2B:	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE CURRENTLY UNDERGOING A FINANCIAL STATEMENT AUDIT, WHICH WILL NOT BE COMPLETED UNTIL AFTER THE EXTENDED DUE DATE OF THE FORM 990. UPON THE ISSUANCE OF THE FINANCIAL STATEMENT AUDIT, THE ORGANIZATION WILL FILE AN AMENDED FORM 990 IF DEEMED NECESSARY.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SOUTHWEST HOUSING SOLUTIONS

Employer identification number
38-2324335

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
(1) CREATIVE ARTS LLC 1920 25TH STREET DETROIT, MI 48216 80-0451775	COMMERCIAL	MI	0	2,573	SOUTHWEST HOUSING SOLUTIONS
(2) LITHUANIAN HALL LLC 1920 25TH STREET DETROIT, MI 48216 20-3426464	OFFICE BUILDING	MI	101,433	1,157,764	SOUTHWEST HOUSING SOLUTIONS
(3) 250 WGB LLC 1920 25TH STREET DETROIT, MI 48216 45-4555501	LOW INCOME HOUSING DEVELOPMENT	MI	101,194	613,213	SOUTHWEST HOUSING SOLUTIONS
(4) 388 W GRAND BLVD APARTMENTS LLC 1920 25TH STREET DETROIT, MI 48216 45-4555248	LOW INCOME HOUSING DEVELOPMENT	MI	114,232	429,776	SOUTHWEST HOUSING SOLUTIONS
(5) 5716 PARTNERS LLC 1920 25TH STREET DETROIT, MI 48216 37-1576682	OFFICE BUILDING	MI	420,807	9,945,200	SOUTHWEST HOUSING SOLUTIONS
(6) SOUTHWEST DESIGN SOLUTIONS LLC 1920 25TH STREET DETROIT, MI 48216 38-2324335	ARCHITECTURAL DESIGN	MI	0	0	SOUTHWEST HOUSING 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) SOUTHWEST COUNSELING SOLUTIONS 5716 MICHIGAN AVENUE SUITE 3000 DETROIT, MI 48210 38-2042021	MENTAL HEALTH COUNSELING	MI	501(C)(3)	LINE 10	SOUTHWEST SOLUTIONS		No
(2) ASSET SERVICES INC 5716 MICHIGAN AVENUE SUITE 3000 DETROIT, MI 48210 38-2719235	REAL ESTATE HOLDING	MI	501(C)(2)		SOUTHWEST SOLUTIONS		No
(3) SOUTHWEST SOLUTIONS 5716 MICHIGAN AVENUE SUITE 3000 DETROIT, MI 48210 38-2672000	ADMINISTRATIVE SUPPORT SERVICES	MI	501(C)(3)	LINE 12C, III-FI	N/A		No
(4) PROSPERUS DETROIT MICROLENDING 5716 MICHIGAN AVENUE SUITE 3000 DETROIT, MI 48210 46-2997666	MICROLOANS	MI	501(C)(3)	LINE 10	SOUTHWEST ECONOMIC SOLUTIONS		No
(5) RADEMACHER LODGE NON-PROFIT HOUSING CORPORATION 5716 MICHIGAN AVENUE SUITE 3000 DETROIT, MI 48210 38-2881807	LOW-INCOME HOUSING SUPPORT	MI	501(C)(3)	LINE 10	SOUTHWEST HOUSING SOLUTIONS	Yes	
(6) BAGLEY HOUSING ASSOCIATION 5716 MICHIGAN AVENUE SUITE 3000 DETROIT, MI 48210 38-2896273	HOUSING DEVELOPMENT	MI	PENDING	LINE 7	N/A		No
(7) SOUTHWEST ECONOMIC SOLUTIONS 5716 MICHIGAN AVENUE DETROIT, MI 48210 46-2252476	WORKFORCE DEVELOPMENT PROGRAMMING	MI	501(C)(3)	LINE 7	SOUTHWEST SOLUTIONS		No

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.

See Additional Data Table

(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	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?		Yes	No
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)	Yes	
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)		No
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		No

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) 388 WEST GRAND BOULEVARD LDHALP	B	84,496	CASH

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-2324335

Name: SOUTHWEST HOUSING SOLUTIONS

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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 1920 25TH STREET DETROIT, MI 48216 80-0451775	COMMERCIAL	MI	0	2,573	SOUTHWEST HOUSING SOLUTIONS
LITHUANIAN HALL LLC 1920 25TH STREET DETROIT, MI 48216 20-3426464	OFFICE BUILDING	MI	101,433	1,157,764	SOUTHWEST HOUSING SOLUTIONS
250 WGB LLC 1920 25TH STREET DETROIT, MI 48216 45-4555501	LOW INCOME HOUSING DEVELOPMENT	MI	101,194	613,213	SOUTHWEST HOUSING SOLUTIONS
388 W GRAND BLVD APARTMENTS LLC 1920 25TH STREET DETROIT, MI 48216 45-4555248	LOW INCOME HOUSING DEVELOPMENT	MI	114,232	429,776	SOUTHWEST HOUSING SOLUTIONS
5716 PARTNERS LLC 1920 25TH STREET DETROIT, MI 48216 37-1576682	OFFICE BUILDING	MI	420,807	9,945,200	SOUTHWEST HOUSING SOLUTIONS
SOUTHWEST DESIGN SOLUTIONS LLC 1920 25TH STREET DETROIT, MI 48216 38-2324335	ARCHITECTURAL DESIGN	MI	0	0	SOUTHWEST HOUSING SOLUTIONS

Form 990, Schedule R, Part III - 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	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SOUTHWEST HOUSING PARTNERS II 1920 25TH STREET DETROIT, MI 48216 16-1752272	LOW INCOME HOUSING DEVELOPMENT	MI	N/A	RELATED	229,536	3,888,062		No		Yes		0.010 %
SPRINGWELLS PARTNERS IV LDHALP 1920 25TH STREET DETROIT, MI 48216 20-3950776	LOW INCOME HOUSING DEVELOPMENT	MI	N/A	RELATED	415,551	1,763,681		No		Yes		0.010 %
SPRINGWELLS PARTNERS V 1920 25TH STREET DETROIT, MI 48216 26-1404869	LOW INCOME HOUSING DEVELOPMENT	MI	N/A	RELATED	168,282	3,037,386		No		Yes		0.010 %
HUBBARD COMMUNITIES I LDHALP 1920 25TH STREET DETROIT, MI 48216 26-3442169	LOW INCOME HOUSING DEVELOPMENT	MI	N/A	RELATED	307,453	4,487,448		No		Yes		0.010 %
PIQUETTE SQUARE LDHALP 1920 25TH STREET DETROIT, MI 48216 20-8357786	LOW INCOME HOUSING DEVELOPMENT	MI	N/A	RELATED	1,270,080	17,356,424		No		Yes		0.010 %
MACK ASHLAND LDHA LP 1920 25TH STREET DETROIT, MI 48216 45-2971351	LOW INCOME HOUSING DEVELOPMENT	MI	N/A	RELATED	284,410	6,465,323		No		Yes		0.010 %
SCOTTEN PARK LDHALP 1920 25TH STREET DETROIT, MI 48216 27-1346579	LOW INCOME HOUSING DEVELOPMENT	MI	N/A	RELATED	228,021	4,569,697		No		Yes		0.010 %
MICHIGAN LENDING SOLUTIONS 1920 25TH STREET DETROIT, MI 48216 27-0914051	CONSUMER LENDING	MI	SOUTHWEST HOUSING SOLUTIONS	RELATED	43,159	16,569		No		Yes		80.000 %
MCKINSTRY PLACE LDHALP 1920 25TH STREET DETROIT, MI 48216 32-0411106	LOW INCOME HOUSING DEVELOPMENT	MI	N/A	RELATED	176,607	4,564,799		No		Yes		0.010 %
250 WGB LDHALP 1920 25TH STREET DETROIT, MI 48216 38-3395578	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	RELATED	101,194	613,213		No		Yes		100.000 %
388 WGB LDHALP 1920 25TH STREET DETROIT, MI 48216 38-3304282	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	RELATED	114,232	429,776		No		Yes		100.000 %
MARTIN GARDENS LDHALP 1920 25TH STREET DETROIT, MI 48216 61-1418946	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	RELATED	310,419	3,224,375		No		Yes		100.000 %
SOUTHWEST HOUSING PARTNERS LDHALP 1920 25TH STREET DETROIT, MI 48216 38-3449365	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	RELATED	379,849	2,801,334		No		Yes		100.000 %
SPRINGWELLS PARTNERS LDHALP 1920 25TH STREET DETROIT, MI 48216 38-3533424	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	RELATED	361,582	3,869,775		No		Yes		100.000 %
SPRINGWELLS PARTNERS II 1920 25TH STREET DETROIT, MI 48216 32-0062817	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	RELATED	223,776	3,517,270		No		Yes		100.000 %

Form 990, Schedule R, Part III - 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	(h) Dispropotionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SPRINGWELLS PARTNERS III 1920 25TH STREET DETROIT, MI 48216 38-3703121	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	RELATED	104,593	415,288		No		Yes		100.000 %
MACK ASHLAND II LDHA LP 1920 25TH STREET DETROIT, MI 48216 38-3932577	LOW INCOME HOUSING DEVELOPMENT	MI	N/A	RELATED	229,138	7,484,314		No		Yes		0.010 %
NEWBERRY HOMES LDHALP 1920 25TH STREET DETROIT, MI 48216 38-3502647	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	RELATED	1,424,782	1,085,112		No		Yes		100.000 %
COOLIDGE PLACE LDHALP 1920 25TH STREET DETROIT, MI 48216 82-2796292	LOW INCOME HOUSING DEVELOPMENT	MI	N/A	RELATED	-1,701	10,617,393		No		Yes		0.010 %
MURRAY TOWNHOMES LLC 1920 25TH STREET DETROIT, MI 48216 12-3456789	LOW INCOME HOUSING DEVELOPMENT	MI	N/A	RELATED	9,935	250,000		No		Yes		10.000 %
5716 5728 MICHIGAN CONDOMINIUM ASSOCIATION 5717 MI AVE DETROIT, MI 48210 86-1334850	CONDO. ASSOCIATION	MI	SOUTHWEST HOUSING SOLUTIONS	RELATED				No		Yes		77.000 %

Form 990, Schedule R, Part IV - 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 country)	(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
250 WGB APARTMENTS INC 1920 25TH STREET DETROIT, MI 48216 38-3395574	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C	257	697,473	100.000 %	Yes	
388 WGB APARTMENTS INC 1920 25TH STREET DETROIT, MI 48216 38-3304279	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C		-164,910	100.000 %	Yes	
HUBBARD COMMUNITIES INC 1920 25TH STREET DETROIT, MI 48216 26-1241940	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C		976	100.000 %	Yes	
PIQUETTE SQUARE INC 1920 25TH STREET DETROIT, MI 48216 20-8357651	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C	6	481,971	100.000 %	Yes	
SOUTHWEST HOUSING PARTNERS INC 1920 25TH STREET DETROIT, MI 48216 38-3449366	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C		3,106,827	100.000 %	Yes	
SOUTHWEST HOUSING PARTNERS II INC 1920 25TH STREET DETROIT, MI 48216 16-1752267	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C		573	100.000 %	Yes	
SPRINGWELLS PARTNERS INC 1920 25TH STREET DETROIT, MI 48216 38-3533329	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C		454,804	100.000 %	Yes	
SPRINGWELLS PARTNERS II INC 1920 25TH STREET DETROIT, MI 48216 32-0062819	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C		39,028	100.000 %	Yes	
SPRINGWELLS PARTNERS III INC 1920 25TH STREET DETROIT, MI 48216 38-3703128	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C		284,692	100.000 %	Yes	
SPRINGWELLS PARTNERS IV INC 1920 25TH STREET DETROIT, MI 48216 20-3950718	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C	11	1,633	100.000 %	Yes	
SPRINGWELLS PARTNERS V INC 1920 25TH STREET DETROIT, MI 48216 26-1242162	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C		4,751	100.000 %	Yes	
SCOTTEN PARK INC 1920 25TH STREET DETROIT, MI 48216 27-1346522	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C			100.000 %	Yes	
MACK ASHLAND II GP INC 1920 25TH STREET DETROIT, MI 48216 46-5573484	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C		-114	100.000 %	Yes	
VERITABLE GROUP INC 1920 25TH STREET DETROIT, MI 48216 80-0212509	MORTGAGE COMPANY	MI	SOUTHWEST SOLUTIONS	C			100.000 %	Yes	
MCKINSTRY PLACE INC 1920 25TH STREET DETROIT, MI 48216 80-0927450	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C		-166	100.000 %	Yes	

Form 990, Schedule R, Part IV - 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 country)	(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		(i) Section 512 (b)(13) controlled entity?	
									Yes	No
MACK ASHLAND GP LLC 1920 25TH STREET DETROIT, MI 48216 45-2960640	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C	2	-292	79.000 %		Yes	
PRESERVATION PARTNERS I LP INC 1920 25TH STREET DETROIT, MI 48216 82-0613799	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C			100.000 %		Yes	
PRESERVATION PARTNERS II LP INC 1920 25TH STREET DETROIT, MI 48216 82-0631302	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C	186	-620,931	100.000 %		Yes	
PRESERVATION PARTNERS III LP INC 1920 25TH STREET DETROIT, MI 48216 82-0651687	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C	291	-298,956	100.000 %		Yes	
PRESERVATION PARTNERS IV LP INC 1920 25TH STREET DETROIT, MI 48216 82-0664240	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C	38	-332,800	100.000 %		Yes	
PRESERVATION PARTNERS V LP INC 1920 25TH STREET DETROIT, MI 48216 82-0679844	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C	53	-245,910	100.000 %		Yes	
SOUTHWEST THOMPSON TOWER INC 1920 25TH STREET DETROIT, MI 48216 38-3487578	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C	1,393	324,585	100.000 %		Yes	
SWHP LP INC 1920 25TH STREET DETROIT, MI 48216 82-0937331	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C	7,053	-579,911	100.000 %		Yes	
PRESERVATION PARTNERS I GP INC 1920 25TH STREET DETROIT, MI 48216 82-0591376	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C			100.000 %			No
SW COOLIDGE PLACE INC 1920 25TH STREET DETROIT, MI 48216 82-2625925	LOW INCOME HOUSING DEVELOPMENT	MI	SOUTHWEST HOUSING SOLUTIONS	C	30	19,505	100.000 %			No