

CHANGE OF ACCOUNTING PERIOD

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **05/01/19**, and ending **12/31/19**

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

C Name of organization: **HOUSING SOLUTIONS FOR THE SOUTHWEST (FORMERLY SOUTHWEST COMMUNITY RESOU**

Doing business as: _____

Number and street (or P O box if mail is not delivered to street address): **295 GIRARD STREET** Room/suite: _____

City or town, state or province, country, and ZIP or foreign postal code: **DURANGO CO 81303-7938**

D Employer identification number: **84-0853925**

E Telephone number: **970-259-1086**

G Gross receipts \$: **650,291**

F Name and address of principal officer: **ELIZABETH SALKIND**

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)

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

J Website: **WWW.SWHOUSINGSOLUTIONS.COM**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1981** **M** State of legal domicile: **CO**

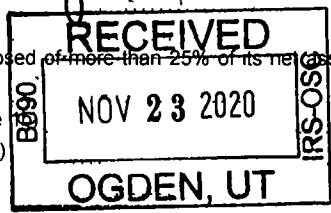
H(c) Group exemption number: _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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



3	15
4	15
5	23
6	25
7a	0
7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	724,701	600,093
9 Program service revenue (Part VIII, line 2g)	323,528	209,656
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	591,350	-173,426
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,602	1,482
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,642,181	637,805
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,785	44,761
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	590,968	446,869
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 2,109		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	471,528	316,621
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,107,281	808,251
19 Revenue less expenses Subtract line 18 from line 12	534,900	-170,446

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,668,490	6,469,454
21 Total liabilities (Part X, line 26)	376,512	347,922
22 Net assets or fund balances Subtract line 21 from line 20	6,291,978	6,121,532

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: *[Signature]* Date: _____

ELIZABETH SALKIND **EXECUTIVE DIRECTOR**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **LORI K. HENDRICK** Preparer's signature: *[Signature]* Date: **11/16/20** Check if self-employed PTIN: **P00655374**

Firm's name: **MAY JACKSON HENDRICK, LLC** Firm's EIN: **20-1617168**

Firm's address: **18801 E MAIN STREET STE 240 PARKER, CO 80134-3445** Phone no: **303-841-4220**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions Form **990** (2019)

SCANNED DEC 09 2021

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

630 13

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

SEE SCHEDULE O

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 \$ 185,487 including grants of \$ 44,761) (Revenue \$ 4,875)
SEE SCHEDULE O

4b (Code) (Expenses \$ 238,481 including grants of \$) (Revenue \$ 31,200)
SEE SCHEDULE O

4c (Code) (Expenses \$ 87,419 including grants of \$) (Revenue \$ 20,414)

HOME REHABILITATION AND REVOLVING LOAN FUND:
THIS PROGRAM, WHICH THE AGENCY HAS BEEN OPERATING FOR OVER 30 YEARS, OFFERS HOMEOWNERS WHO MAY NOT QUALIFY FOR A CONVENTIONAL BANK LOAN, A LOW INTEREST LOAN TO REPAIR HEALTH OR SAFETY ISSUES WITH THEIR HOME (SUCH AS ROOF, SEWER, PLUMBING, ELECTRICAL, ETC.). FUNDS REPAID BY THE HOMEOWNERS REVOLVE BACK INTO THE LOAN FUND TO HELP ADDITIONAL CLIENTS. ACCESSIBILITY AND WEATHERIZATION NEEDS CAN ALSO BE MET THROUGH THIS PROGRAM. HOMES ARE REPLACED WHEN REPAIRS ARE NOT PRACTICAL. FIRE MITIGATIONS AND/OR FIRE REMEDIATION WORK CAN BE DONE WITH THESE FUNDS.

4d Other program services (Describe on Schedule O)

(Expenses \$ 200,985 including grants of \$) (Revenue \$ 153,167)

4e Total program service expenses 712,372

ABDIOL

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- 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
 - 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
 - 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
 - 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
 - 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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
- 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
- 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
- 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)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - 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	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9	X	
10		X
11a	X	
11b		X
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		
21	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	23		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? CAUTION: If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		X
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b			
13c	Enter the amount of reserves on hand		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		X

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

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

Section A. Governing Body and Management

		Yes	No
1a	15		
1b	15		
2			X
3			X
4			X
5			X
6			X
7a		Yes	X
7b			X
8a		X	
8b		X	
9			X

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

		Yes	No
10a			X
10b			
11a		X	
11b		Yes	X
12a		X	
12b		X	
12c		X	
13		X	
14		X	
15			X
15a		X	
15b		X	
16a			X
16b		Yes	X

Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed **NONE**

18. Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)

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

20. State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
THE ORGANIZATION
DURANGO **295 GIRARD STREET** **CO 81303-7938 970-259-1086**

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

(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) <input checked="" type="checkbox"/> Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH SALKIND EXECUTIVE DIRECTOR	40.00 0.00	X					61,836	0	0	
(2) JULIE BINGHAM DIRECTOR	2.00 0.00	X					0	0	0	
(3) JIM BOLEN BOARD CHAIR	2.00 0.00	X		X			0	0	0	
(4) JIM CANDELARIA DIRECTOR	2.00 0.00	X					0	0	0	
(5) YVONNE COCHRANE SECRETARY	2.00 0.00	X		X			0	0	0	
(6) BRANDI CURTIS DIRECTOR	2.00 0.00	X					0	0	0	
(7) JOHN EGAN DIRECTOR	2.00 0.00	X					0	0	0	
(8) SCOTT FETCHENHIER DIRECTOR	2.00 0.00	X					0	0	0	
(9) STEVE GARCHER DIRECTOR	2.00 0.00	X					0	0	0	
(10) PAULETTE GASNER DIRECTOR	2.00 0.00	X					0	0	0	
(11) BRIAN KIMMEL DIRECTOR	2.00 0.00	X					0	0	0	

HOUSING SOLUTIONS FOR THE SOUTHWEST 84-0853925

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week 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			
(12) GWEN LACHELT VICE-CHAIR	2.00 0.00	X		X				0	0	0
(13) SHELLEY LOW TREASURER	2.00 0.00	X		X				0	0	0
(14) EVERETT LYONS DIRECTOR	2.00 0.00	X						0	0	0
(15) JADDIS MARTIN DIRECTOR	2.00 0.00	X						0	0	0
(16) ANITA STECK DIRECTOR VICE-CHAIR	2.00 0.00	X						0	0	0
1b Subtotal								61,836		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								61,836		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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	551,507			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	48,586			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		600,093			
Program Service Revenue	Business Code					
	2a PROGRAM SERVICE FEES		135,341	135,341		
	b LOW INCOME HOUSING RENT		51,276	51,276		
	c LOW INCOME HSG INTEREST		18,164	18,164		
	d HOUSING COUNSELING		4,875	4,875		
	e Federated					
	f All other program service revenue					
g Total. Add lines 2a-2f		209,656				
Investment Income	3 Investment income (including dividends, interest, and other similar amounts)		-188,940	-188,940		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	6a			
		(ii) Personal				
	b Less rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a			
		(ii) Other		28,000		
b Less cost or other basis and sales exp		7b	12,486			
c Gain or (loss)		7c	15,514			
d Net gain or (loss)		15,514	15,514			
Other Revenue	8a Gross income from fundraising events (not including \$ contributions reported on line 1c)	8a				
	b Less direct expenses	8b				
	c Net income or (loss) from fundraising events					
Miscellaneous Revenue	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					
Miscellaneous Revenue	10a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
	11a MISCELLANEOUS INCOME		1,482	1,482		
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d		1,482				
12 Total revenue. See instructions		637,805	37,712	0	0	

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	44,761	44,761		
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	61,837	54,107	7,730	
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 Officer salaries and wages	318,504	294,882	23,622	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	36,197	31,206	4,991	
10 Payroll taxes	30,331	28,016	2,315	
11 Fees for services (nonemployees)				
a Management	1,125	1,125		
b Legal				
c Accounting	10,915	1,375	9,540	
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)	18,558	16,780	1,737	41
12 Advertising and promotion				
13 Office expenses	3,781	2,511	1,120	150
14 Information technology		44		
15 Royalties				
16 Occupancy				
17 Travel	15,555	15,500	55	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,913		5,913	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,796	12,591	25,205	
23 Insurance	12,919	11,001	1,891	27
24 Other expenses Itemize expenses not covered above (list miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OTHER DIRECT PROGRAM COST	128,466	128,466		
b OTHER OPERATING EXPENSES	24,069	16,759	5,476	1,834
c RENT AND UTILITIES	14,005	13,715	264	26
d REPAIRS AND MAINTENANCE	11,132	9,262	1,868	2
e All other expenses	32,387	30,315	2,043	29
25 Total functional expenses Add lines 1 through 24e	808,251	712,372	93,770	2,109
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 X

		(A)		(B) 1,834	
		Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing	1,001,205	1	1,058,087
	2	Savings and temporary cash investments	141,704	2	141,945
	3	Pledges and grants receivable, net	156,529	3	273,923
	4	Accounts receivable, net	1,249	4	616
	5	Loans and other receivables from 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) (Notes) and loans receivable, net		6	
	7	Inventories for sale or use	2,128,304	7	1,909,265
	8	Prepaid expenses and deferred charges	3,516	8	4,035
	9	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,200,927	10a	1,834
	10	Less accumulated depreciation	579,121	10b	621,806
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	1,498,548	13	1,308,189
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,077,938	15	1,138,728
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,668,490	16	6,469,454
Liabilities	17	Accounts payable and accrued expenses	99,086	17	126,772
	18	Grants payable		18	
	19	Deferred revenue	72,740	19	19,152
	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	1,834
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	204,686	25	201,998
	26	Total liabilities. Add lines 17 through 25	376,512	26	347,922
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	4,328,456	27	4,160,458
	28	Net assets with donor restrictions	1,963,522	28	1,961,074
	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	1,834
	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	6,291,978	32	6,121,532	
33	Total liabilities and net assets/fund balances	6,668,490	33	6,469,454	

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	637,805
2	Total expenses (must equal Part IX, column (A), line 25)	2	808,251
3	Revenue less expenses Subtract line 2 from line 1	3	-170,446
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,291,978
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	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,121,532

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O
- 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?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

**HOUSING SOLUTIONS FOR THE SOUTHWEST
(FORMERLY SOUTHWEST COMMUNITY RESOU**

Employer identification number

84-0853925

I 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university
- 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails to qualify under the tests listed below, please complete Part III.)

Section A: Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1. Gifts, grants, contributions, and membership fees received; 2. Tax revenues levied for the total organization's benefit; 3. Value of services or facilities furnished by a governmental unit; 4. Total (lines 1-3); 5. Portion of total contributions by each person; 6. Public support (line 4 minus line 5).

Section B: Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7. Total amounts from line 4; 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9. Net income from unrelated business activities; 10. Other income (Do not include gain or loss from the sale of capital assets); 11. Total support (lines 7-10).

12. Gross receipts from related activities, etc (see instructions) 12 1,141,328
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

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 100.00%. Row 15: Public support percentage from 2018 Schedule A, Part II, line 14 99.97%.

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.

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.

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						
7c 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

DAA
Section C

Part IV Supporting Organizations

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

Section A All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, IRS status, foreign control, and excess business holdings.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question (11a, 11b, 11c), Yes, No. Questions regarding gifts or contributions from persons.

Section B. Type I Supporting Organizations

Table with 3 columns: Question (1, 2), Yes, No. Questions regarding directors/trustees and supported organizations.

Section C. Type II Supporting Organizations

Table with 3 columns: Question (1), Yes, No. Question regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question (1, 2, 3), Yes, No. Questions regarding notice to supported organizations and relationship.

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question (1a, 1b, 2a, 2b, 3a, 3b), Yes, No. Questions regarding activities test and governance.

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 table with columns (A) Prior Year and (B) Current Year (optional). Rows include Net short-term capital gain, Recoveries of prior-year distributions, Other gross income, Depreciation and depletion, etc.

Section B - Minimum Asset Amount table with columns (A) Prior Year and (B) Current Year (optional). Rows include Aggregate fair market value of all non-exempt-use assets, Acquisition indebtedness, etc.

Section C - Distributable Amount table with columns (A) Prior Year and (B) Current Year. Rows include Adjusted net income for prior year, Enter 85% of line 1, Minimum asset amount for prior year, etc.

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

Handwritten notes and stamps at the bottom left, including 'Emergency Temporary Reduction' and 'Social Security'.

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
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, in 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 For result greater than zero, explain in Part VI See instructions		
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in 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		

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)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME

\$

0

Physical 18r
7th Floor

Physical 18r
3rd Floor B
2nd Floor

Physical 18r
2nd Floor

Physical 18r
3rd Floor B
2nd Floor

Physical 18r
2nd Floor

Physical 18r
3rd Floor B
2nd Floor

Physical 18r
2nd Floor

Physical 18r
3rd Floor B
2nd Floor

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

HOUSING SOLUTIONS FOR THE SOUTHWEST (FORMERLY SOUTHWEST COMMUNITY RESOU

Employer identification number

84-0853925

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: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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 make 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 program
- 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

1b 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

2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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					
1b Contributions					
1c Net investment earnings, gains, and losses					
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g End of year balance					

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

- 2a Board designated or quasi-endowment %
- 2b Permanent endowment %
- 2c Term 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

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

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

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		201,051		201,051
1b Buildings		5,670	110	5,560
1c Leasehold improvements		208,359	8,334	200,025
1d Equipment		23,215	6,112	17,103
1e Other		762,632	564,565	198,067
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				621,806

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN HOUSING SOLUTIONS, LLC	1,308,189	MARKET
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	1,308,189	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) NOTES RECEIVABLE FROM LOW INCOME HOU	827,500
(2) HOUSING CONSTRUCTION IN PROGRESS	311,228
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	1,138,728

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	201,998
(2) NOTE PAYABLE	201,998
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	201,998

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

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	637,805
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	637,805
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	637,805

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	808,251
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	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	808,251
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	808,251

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.

PART X - FIN 48 FOOTNOTE

HSSW IS EXEMPT FROM INCOME TAX AS PROVIDED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE ORGANIZATION ADOPTED ACCOUNTING REQUIREMENTS THAT PRESCRIBE WHEN TO RECOGNIZE AND HOW TO MEASURE THE FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON ITS INCOME TAX RETURNS, INCLUDING THE POSITION THAT THE ORGANIZATION CONTINUES TO QUALIFY TO BE TREATED AS A TAX-EXEMPT ORGANIZATION FOR BOTH FEDERAL AND STATE INCOME TAX PURPOSES. THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE SUSTAINED.

Part XIII Supplemental Information (continued)

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

BASED ON THE RESULTS OF MANAGEMENT'S EVALUATION, THE REQUIREMENTS DID NOT HAVE A MATERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. CONSEQUENTLY, NO LIABILITY IS RECOGNIZED IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF FINANCIAL POSITION FOR UNCERTAIN INCOME TAX POSITIONS.

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

FOOTNOTES

FOOTNOTES

FOOTNOTES

SCHEDULE A
Part I (Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
2019
Open to Public Inspection

ance Grants and Other Assistance to Organizations,
als Governments, and Individuals in the United States
es Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
orm 9 Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization
**HOUSING SOLUTIONS FOR THE SOUTHWEST
(FORMERLY SOUTHWEST COMMUNITY RESOU**

Employer identification number
84-0853925

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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. Part II can be duplicated if additional space is needed

1	(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
(1)	MONTEZUMA COUNTY SENIOR SERVICES 107 N. CHESTNUT CORTEZ CO 81321	84-6000786		16,000		FMV		SUPPORTIVE SERVICES
(2)	VOLUNTEERS OF AMERICA 2660 LARIMER STREET DENVER CO 80205	84-0430995		13,019		FMV		SUPPORTIVE SERVICES
(3)	MONTEZUMA PUBLIC TRANSPORTATION 140 W. MAIN STREET CORTEZ CO 81321	84-6000786		15,742		FMV		SUPPORTIVE SERVICES
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) HOUSING SOLUTIONS FOR THE SOUTHWEST 84-0853925
Part III Grants and Other Assistance to Domestic Individuals Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 If Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation, (book, FMV, appraisal, other)	(f) Description of non-cash 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.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open To Public Inspection

Name of the organization: **HOUSING SOLUTIONS FOR THE SOUTHWEST (FORMERLY SOUTHWEST COMMUNITY RESOU**

Employer identification number: **84-0853925**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the

organization reported an amount on Form 990, Part X, line 5, 6, or 22

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) PAULETTE GASNER	BOARD MEMBER	92,016	RLF LOAN	HOME LOAN
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
				Yes	No
(1) PAULETTE GASNER	BOARD MEMBER	92,016	LOAN FOR HOME REHAB		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10) Part IV BUS					

Part V Supplemental Information.

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

Yes No

(1) Part IV BUS

Part V

Yes No

(2) Part IV BUS

Part V

Yes No

(3) Part IV BUS

Part V

Yes No

(4) Part IV BUS

Part V

Yes No

(5) Part IV BUS

Part V

Yes No

(6) Part IV BUS

Part V

Yes No

(7) Part IV BUS

Part V

Yes No

(8) Part IV BUS

Part V

Yes No

(9) Part IV BUS

Part V

Yes No

(10) Part IV BUS

Part V

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization	HOUSING SOLUTIONS FOR THE SOUTHWEST (FORMERLY SOUTHWEST COMMUNITY RESOU	Employer identification number 84-0853925
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FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

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

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

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

FORM 990 - ORGANIZATION'S MISSION

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

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- NEW HOUSING DEVELOPMENTS
- REVERSE MORTGAGE COUNSELING
- HOUSING COUNSELING

PROVIDING

Name of the organization

Employer identification number

HOUSING SOLUTIONS FOR THE SOUTHWEST

84-0853925

HOUSING SOLUTIONS

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

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

HOUSING COUNSELING:

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

EMERGENCY ASSISTANCE PROGRAM:

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

Name of the organization

Employer identification number

HOUSING SOLUTIONS FOR THE SOUTHWEST

84-0853925

ISSUES.

REVERSE MORTGAGE COUNSELING:

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

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

TRANSITIONAL HOUSING/RAPID RE-HOUSING:

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

Name of the organization

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HOUSING SOLUTIONS FOR THE SOUTHWEST

84-0853925

ASSISTANCE PROGRAM, SPECIFICALLY FOR VICTIMS OF CRIME.

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

HOUSING VOUCHER MANAGEMENT:

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

INCOME TOWARD RENT AND UTILITIES. PREFERENCES FOR MOST OF THE VOUCHERS

INCLUDE PEOPLE WITH A DISABILITY, EXPERIENCING HOMELESSNESS OR VICTIMS OF

DOMESTIC VIOLENCE. THIS PROGRAM IS AN ONGOING ASSISTANCE DESIGNED TO WORK

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

MONTHLY RENT AND UTILITIES. HOUSING SOLUTIONS ALSO MANAGES HOUSING VOUCHERS

FOR HOMELESS VETERANS, YOUTH TRANSITIONING FROM FOSTER CARE AND VOUCHERS

FOR FAMILY REUNIFICATION.

CRISIS INTERVENTION PROGRAM:

THE CRISIS INTERVENTION PROGRAM PROVIDES EMERGENCY REPAIR OR REPLACEMENT

FOR HEATING SYSTEM FAILURES TO LIMITED-INCOME RESIDENTS OF COLORADO.

HEATING SYSTEM FAILURES CAN BE EXTREMELY DANGEROUS AND THIS PROGRAM CAN BE

LIFE-SAVING IN CERTAIN SITUATIONS.

AFFORDABLE HOUSING AND DEVELOPMENT:

HOUSING SOLUTIONS IS INVOLVED IN BUILDING AND DEVELOPING AFFORDABLE HOUSING

THROUGH TAX CREDIT PROJECTS, FOUNDATION PARTNERSHIPS, GOVERNMENTAL

PARTNERSHIPS, PRIVATE PARTNERSHIPS AND OTHER COLLABORATIONS. HOUSING

SOLUTIONS WAS THE NON-PROFIT PARTNER THAT BUILT 61 SINGLE FAMILY HOMES IN A

SUBDIVISION CALLED SOUTHWEST HORIZON RANCH IN 1981. HOUSING SOLUTIONS

EXERCISED THE RIGHT OF FIRST REFUSAL AND PURCHASED THE PROPERTY THIS YEAR

AND IS NOW MANAGING THE PROPERTY. THE PROPERTY RENTS TO PEOPLE WITH

INCOMES IN THE 40% TO 60% OF AREA MEDIAN INCOMES AND ACCEPTS PEOPLE WITH

VOUCHERS. HOUSING SOLUTIONS ALSO BUILT AND MANAGES A 19 UNIT APARTMENT

Name of the organization HOUSING SOLUTIONS FOR THE SOUTHWEST	Employer identification number 84-0853925
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BUILDING FOR SENIORS AT SOCORRO SENIOR LIVING CENTER. THE AGENCY ALSO OWNS AND OPERATES HOMEWARD BOUND, A 5 UNIT AFFORDABLE HOUSING APARTMENT OPERATING UNDER THE TRANSITIONAL HOUSING MODEL IN COLLABORATION WITH THE CITY OF DURANGO WHICH OWNS THE PROPERTY. THE AGENCY PARTNERED WITH HABITAT FOR HUMANITY TO PROVIDE LAND AND FINANCING FOR LAND FOR HABITAT TO BUILD AFFORDABLE HOUSING. ALSO, THE AGENCY OWNS SEVERAL VACANT PARCELS ON WHICH AFFORDABLE HOUSING OPPORTUNITIES ARE BEING EXPLORED. HOUSING SOLUTIONS AND BLUELINE DEVELOPMENT WERE RECENTLY APPROVED FOR LIHTC FUNDING TO BUILD A 6740 UNIT SUPPORTIVE HOUSING PROJECT, ESPERO, TO SERVE PEOPLE EXITING HOMELESSNESS THAT HAVE A DISABLING CONDITION. ESPERO WILL PROVIDE HOUSING AND SERVICES IN THE SAME BUILDING. CONSTRUCTION STARTED IN 2020 AND THE PROJECT COMPLETION DATE IS FALL OF 2021.

FORM 990

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

FORM 990

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL EMPLOYEES AND BOARD MEMBERS ARE PRESENTED WITH THE CONFLICT OF INTEREST POLICY WHEN JOINING THE ORGANIZATION. WHENEVER A NEW PROJECT OR GRANT IS STARTED DISCLOSURES CONCERNING CONFLICT OF INTEREST ARE SIGNED.

FORM 990

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS IS RESPONSIBLE FOR HIRING THE EXECUTIVE DIRECTOR. THE BOARD INTERVIEWS QUALIFIED INDIVIDUALS FOR THE POSITION; UPON AGREEMENT FROM THE BOARD MEMBERS AN INDIVIDUAL IS DECIDED UPON; THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BASED ON THE INDIVIDUAL'S PRIOR EXPERIENCE

Name of the organization

Employer identification number

HOUSING SOLUTIONS FOR THE SOUTHWEST

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AND INDUSTRY SALARY STANDARDS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR HIRING ALL EMPLOYEES. THE
EXECUTIVE DIRECTOR INTERVIEWS QUALIFIED INDIVIDUALS FOR THE POSITION AND
DECIDES WHO TO EXTEND AN OFFER OF EMPLOYMENT. THE EMPLOYEE'S SALARY IS
DETERMINED BASED ON THE INDIVIDUAL'S PRIOR EXPERIENCE AND INDUSTRY SALARY
STANDARDS.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION
THE ORGANIZATION'S FORM 990 IS AVAILABLE ON WWW.GUIDESTAR.ORG AND UPON
REQUEST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS (DISCLOSURE EXPLANATION)
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990

FORM 990

FORM 990

FORM 990