

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A</b> For the <b>2023</b> calendar year, or tax year beginning		and ending	
<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization  SOUTHWEST MINNESOTA HOUSING PARTNERSHIP		<b>D</b> Employer identification number  41-1721815
	Doing business as		<b>E</b> Telephone number  507-836-8547
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2401 BROADWAY AVENUE		<b>G</b> Gross receipts \$ 14,828,312.
	City or town, state or province, country, and ZIP or foreign postal code SLAYTON, MN 56172-1142		
<b>F</b> Name and address of principal officer: CHAD ADAMS SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(b)</b> Are all subordinates included? Yes No	
<b>J</b> Website: WWW.SWMHP.ORG		If "No," attach a list. See instructions	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		<b>H(c)</b> Group exemption number	
<b>L</b> Year of formation: 1992		<b>M</b> State of legal domicile: MN	

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
	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 9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 9
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 33
	6	Total number of volunteers (estimate if necessary)	6 160
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.	
<b>Revenue</b>			<b>Prior Year</b>
	8	Contributions and grants (Part VIII, line 1h)	1,202,990.
	9	Program service revenue (Part VIII, line 2g)	11,302,458.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	357,643.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,574.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,931,665.
<b>Expenses</b>			<b>Current Year</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	110,180.
	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)	2,278,212.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
		b Total fundraising expenses (Part IX, column (D), line 25)	61,655.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,960,614.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,349,006.	
19	Revenue less expenses. Subtract line 18 from line 12	-1,417,341.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>
	20	Total assets (Part X, line 16)	66,592,294.
	21	Total liabilities (Part X, line 26)	60,792,574.
22	Net assets or fund balances. Subtract line 21 from line 20	5,799,720.	<b>End of Year</b> 68,357,463. 63,125,659. 5,231,804.

<b>Part II Signature Block</b>						
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.						
<b>Sign Here</b>	Signature of officer				Date	
	CHAD ADAMS, CHIEF EXECUTIVE OFFICER					
	Type or print name and title					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN	
	KAREN A. GRIES	KAREN A. GRIES	11/10/24	<input type="checkbox"/>	P00078514	
	Firm's name	Firm's EIN				
	BAKER TILLY ADVISORY GROUP, LP	39-0859910				
	Firm's address	Phone no.				
	225 S 6TH ST #2300	612.876.4500				
	MINNEAPOLIS, MN 55402					

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 13,211,339. including grants of \$ ) (Revenue \$ 12,034,728. ) MULTI-FAMILY DEVELOPMENT AND ASSET MANAGEMENT: SWMHP IS AN EXPERIENCED DEVELOPER AND MANAGER OF RESIDENTIAL REAL ESTATE, PARTICULARLY MULTI-FAMILY AFFORDABLE HOUSING. SWMHP HAS DEVELOPED, OWNS AND PROVIDES ASSET MANAGEMENT SERVICES FOR 2,074 RENTAL UNITS IN 68 PROPERTIES ACROSS 37 COMMUNITIES. RECOGNIZING THE IDEA THAT SAFE HOUSING IS A FUNDAMENTAL RIGHT, THE DEVELOPMENT OF THESE UNITS INCLUDES SETTING ASIDE AND DESIGNATING UNITS FOR INDIVIDUALS AND HOUSEHOLDS WITH HISTORIES OF HOMELESSNESS, MENTAL ILLNESS, AND/OR SUBSTANCE USE DISORDER. SWMHP THEN WORKS WITH LOCAL SERVICE PROVIDERS TO ENSURE THAT ONCE THESE HOUSEHOLDS ARE HOUSED, THEY CAN THEN ACCESS THE SUPPORT SERVICES THEY NEED TO BE SUCCESSFUL IN MAINTAINING HOUSING. ASSET MANAGEMENT SERVICES ALSO INCLUDE CAPITAL NEEDS ANALYSIS,

4b (Code: ) (Expenses \$ 228,375. including grants of \$ 67,912. ) (Revenue \$ 103,522. ) HOUSING AND COMMERCIAL REHAB: SWMHP BRINGS CONSTRUCTION MANAGEMENT EXPERTISE TO OVERSEE REHAB AND REDEVELOPMENT PROJECTS, BOTH RESIDENTIAL AND COMMERCIAL IN NATURE. THESE EFFORTS FOCUS ON GOALS SUCH AS: REMOVING HEALTH & SAFETY HAZARDS, MEETING ACCESSIBILITY REQUIREMENTS, INCREASING ENERGY EFFICIENCIES, INCREASING MARKETABILITY TO ENSURE QUALITY LIVING FOR THOSE WE WORK WITH. SWMHP WRITES FUNDING REQUESTS AND ADMINISTERS SEVERAL HOUSING REHABILITATION PROGRAMS IN THE REGION, INCLUDING SMALL CITIES DEVELOPMENT PROGRAM (SCDP), RENTAL REHABILITATION DEFERRED LOANS (RRDL), FEDERAL HOME LOAN BANK (FHLB), FIX-UP FUNDS AND OTHER RESOURCES.

4c (Code: ) (Expenses \$ 384,625. including grants of \$ ) (Revenue \$ 722,104. ) DEVELOPMENT: SWMHP'S MENU OF SERVICES INCLUDES BOTH SINGLE FAMILY DEVELOPMENT AND COMMUNITY DEVELOPMENT AND TECHNICAL SUPPORT. THERE TENDS TO BE A GREAT DEAL OF CONNECTION BETWEEN THESE PROGRAMS. SWMHP HELPS LOCAL UNITS OF GOVERNMENT, NOT-FOR-PROFIT DEVELOPERS AND OTHER AGENCIES IDENTIFY AND ADDRESS HOUSING NEEDS WITHIN A COMMUNITY. THESE NEEDS ARE DONE THROUGH METHODS SUCH AS NEEDS ASSESSMENTS, SURVEYS, AND COMMUNITY ENGAGEMENT AND FEEDBACK SESSIONS. SWMHP CAN PROPOSE SOLUTIONS INCLUDING, BUT NOT LIMITED TO, TECHNICAL ASSISTANCE IN GRANT WRITING OR SUPPORTING APPLICATIONS, FINANCIAL REVIEW OF COST FEASIBILITY OF HOW A PROJECT COULD BE DONE, RESEARCHING VARIOUS FUNDING STREAMS THAT COULD FIT, AS WELL AS INITIAL DESIGN WORK TO BRING NEEDS TO LIFE IN A WAY

4d Other program services (Describe on Schedule O.) (Expenses \$ 631,659. including grants of \$ 33,770. ) (Revenue \$ 305,586. )

4e Total program service expenses 14,455,998.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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 ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
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 [X] 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
JEFF CORDES - 507-836-8547
2401 BROADWAY AVENUE, SLAYTON, MN 56172-1142

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) CHAD ADAMS CHIEF EXECUTIVE OFFICER	40.00 2.00			X			164,675.	0.	19,226.	
(2) KRISTIE BLANKENSHIP CHIEF OPERATING OFFICER	40.00 2.00				X		123,379.	0.	25,720.	
(3) JESSE SCHOTT DIRECTOR OF CONSTRUCTION SERVICES	40.00				X		100,435.	0.	15,614.	
(4) JEFF CORDES CHIEF FINANCIAL OFFICER	40.00			X			59,963.	0.	4,905.	
(5) EMILY BUCHER CHIEF FINANCIAL OFFICER	40.00			X			30,643.	0.	4,188.	
(6) MARGO DRUSCHEL SECRETARY-TREASURER	1.00	X		X			400.	0.	0.	
(7) TARA ONKEN CHAIR	1.00	X		X			250.	0.	0.	
(8) MATTHEW UST DIRECTOR	1.00	X					100.	0.	0.	
(9) DAWN HEGLAND VICE-CHAIR	1.00	X		X			25.	0.	0.	
(10) SCOTT MARQUARDT PAST CHAIR	1.00	X					0.	0.	0.	
(11) APRIL CHOUINARD DIRECTOR	1.00	X					0.	0.	0.	
(12) DAVID THOMPSON DIRECTOR	1.00	X					0.	0.	0.	
(13) EMILY MASTERS DIRECTOR	1.00	X					0.	0.	0.	
(14) LARRY ANDERSON DIRECTOR	1.00	X					0.	0.	0.	
(15) LIZ DANIELSON DIRECTOR	1.00	X					0.	0.	0.	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotals for 1b, 1c, and 1d.

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 3

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes entry for DOUG NAU CONSTRUCTION.

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 1



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	830,987.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	230,565.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		1,061,552.			
Program Service Revenue	<b>2 a</b>	RENTAL INCOME	Business Code				
			531110	10,497,630.	10,497,630.		
	<b>b</b>	FEEs FOR SERVICE	531390	1,495,391.	1,495,391.		
	<b>c</b>	ASSETS HELD FOR SALE	531390	652,000.	652,000.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
<b>g</b>	<b>Total.</b> Add lines 2a-2f		12,645,021.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		968,210.	447,390.	520,820.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other		80,000.		
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>		134,947.		
	<b>c</b>	Gain or (loss)	<b>7c</b>		-54,947.		
<b>d</b>	Net gain or (loss)		-54,947.		-54,947.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
<b>b</b>	Less: direct expenses	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	TAX INCREMENT FUNDS	Business Code				
			900099	45,039.	45,039.		
	<b>b</b>	MISCELLANEOUS	900099	28,490.	28,490.		
	<b>c</b>						
	<b>d</b>	All other revenue					
<b>e</b>	<b>Total.</b> Add lines 11a-11d		73,529.				
<b>12</b>	<b>Total revenue.</b> See instructions		14,693,365.	13,165,940.	0.	465,873.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	101,682.	101,682.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	288,193.		288,193.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,706,178.	1,380,906.	295,189.	30,083.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	100,715.	60,282.	39,046.	1,387.
<b>9</b> Other employee benefits .....	176,540.	139,487.	33,962.	3,091.
<b>10</b> Payroll taxes .....	148,335.	90,052.	56,266.	2,017.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	2,805.		2,805.	
<b>c</b> Accounting .....	50,250.		50,250.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	22,276.			22,276.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	167,396.	84,436.	82,960.	
<b>12</b> Advertising and promotion .....	3,304.	1,920.	1,309.	75.
<b>13</b> Office expenses .....	85,722.	10,952.	74,749.	21.
<b>14</b> Information technology .....	34,567.	3,207.	30,008.	1,352.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	26,373.	115.	26,258.	
<b>17</b> Travel .....	54,379.	27,157.	26,010.	1,212.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	73,723.	30,577.	43,005.	141.
<b>20</b> Interest .....	61,317.		61,317.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	51,185.	21,848.	29,337.	
<b>23</b> Insurance .....	20,471.		20,471.	
<b>24</b> 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.)				
<b>a</b> HOUSING EXPENSES	11,613,468.	11,613,468.		
<b>b</b> HOME BUILDING EXPENSE	664,410.	664,410.		
<b>c</b> CLIENT SERVICES	225,499.	225,499.		
<b>d</b> BAD DEBT	37,417.		37,417.	
<b>e</b> All other expenses	101.		101.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,716,306.	14,455,998.	1,198,653.	61,655.
<b>26</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,507,890.	<b>1</b>	6,372,773.
	<b>2</b> Savings and temporary cash investments .....	10,680,306.	<b>2</b>	9,492,834.
	<b>3</b> Pledges and grants receivable, net .....	63,537.	<b>3</b>	67,880.
	<b>4</b> Accounts receivable, net .....	1,443,107.	<b>4</b>	1,691,590.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	7,153,027.	<b>7</b>	6,982,036.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	127,294.	<b>9</b>	139,369.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 81,857,218.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 40,568,288.		
		39,731,651.	<b>10c</b>	41,288,930.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	728,882.	<b>13</b>	2,163,240.
	<b>14</b> Intangible assets .....	0.	<b>14</b>	4,794.
<b>15</b> Other assets. See Part IV, line 11 .....	156,600.	<b>15</b>	154,017.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	66,592,294.	<b>16</b>	68,357,463.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,053,140.	<b>17</b>	2,791,876.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,090,011.	<b>19</b>	1,166,474.
	<b>20</b> Tax-exempt bond liabilities .....	4,086,320.	<b>20</b>	3,990,904.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	8,615.	<b>21</b>	4,456.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	51,953,650.	<b>23</b>	54,493,568.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	70,000.	<b>24</b>	70,000.
	<b>25</b> 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 .....	530,838.	<b>25</b>	608,381.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	60,792,574.	<b>26</b>	63,125,659.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,327,455.	<b>27</b>	3,543,288.
	<b>28</b> Net assets with donor restrictions .....	1,472,265.	<b>28</b>	1,688,516.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,799,720.	<b>32</b>	5,231,804.
<b>33</b> Total liabilities and net assets/fund balances .....	66,592,294.	<b>33</b>	68,357,463.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,693,365.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,716,306.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,022,941.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,799,720.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	455,025.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,231,804.

**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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2023)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

<b>Name of the organization</b> SOUTHWEST MINNESOTA HOUSING PARTNERSHIP	<b>Employer identification number</b> 41-1721815
--	---

**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).)
- 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 on 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		
<b>Total</b>						

**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**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,432,270.	2,412,474.	1,197,177.	1,202,990.	1,061,552.	7,306,463.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1,432,270.	2,412,474.	1,197,177.	1,202,990.	1,061,552.	7,306,463.
<b>5</b> 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) .....						1,388,218.
<b>6 Public support.</b> Subtract line 5 from line 4.						5,918,245.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	1,432,270.	2,412,474.	1,197,177.	1,202,990.	1,061,552.	7,306,463.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	431,675.	342,489.	348,273.	357,643.	968,210.	2,448,290.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	207,733.	62,056.	59,307.	68,574.	73,529.	471,199.
<b>11 Total support.</b> Add lines 7 through 10						10,225,952.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	49,833,832.

**13 First 5 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**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	57.87 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	55.95 %

**16a 33 1/3% support test - 2023.** 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 - 2022.** 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 - 2023.** 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 - 2022.** 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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 5 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: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>		
<b>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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>		
<b>b</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>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2019 AMOUNT: \$ 207,733.

2020 AMOUNT: \$ 62,056.

2021 AMOUNT: \$ 59,307.

2022 AMOUNT: \$ 6,859.

2023 AMOUNT: \$ 28,490.

TAX INCREMENT FUNDS

2022 AMOUNT: \$ 61,715.

2023 AMOUNT: \$ 45,039.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

SOUTHWEST MINNESOTA HOUSING PARTNERSHIP

Employer identification number

41-1721815

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization  SOUTHWEST MINNESOTA HOUSING PARTNERSHIP	Employer identification number  41-1721815
---	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 106,618.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 473,562.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 51,537.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 77,630.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 149,817.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 86,333.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  SOUTHWEST MINNESOTA HOUSING PARTNERSHIP	Employer identification number  41-1721815
---	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization  SOUTHWEST MINNESOTA HOUSING PARTNERSHIP	Employer identification number  41-1721815
---	--

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	



Name of organization  SOUTHWEST MINNESOTA HOUSING PARTNERSHIP	Employer identification number  41-1721815
---	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

<b>Name of the organization</b> SOUTHWEST MINNESOTA HOUSING PARTNERSHIP	<b>Employer identification number</b> 41-1721815
--	---

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) 2023

**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
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 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 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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		3,623,089.		3,623,089.
b Buildings		74,724,678.	40,320,601.	34,404,077.
c Leasehold improvements				
d Equipment		3,358,888.	152,468.	3,206,420.
e Other		150,563.	95,219.	55,344.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				41,288,930.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	529,105.
(3) FINANCE LEASE	79,276.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	608,381.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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 IV, LINE 2B:

SOUTHWEST MINNESOTA HOUSING PARTNERSHIP (SWMHP) PARTICIPATES IN THE MINNESOTA URBAN & RURAL HOMESTEADING (MURL) PROGRAM THROUGH MINNESOTA HOUSING THROUGH WHICH WE HELP LOW INCOME AND AT RISK FAMILIES PURCHASE HOMES WITH NO DOWN-PAYMENT AND NO INTEREST UNDER CONTRACT-FOR-DEED. AS THE CONTRACT-FOR-DEED HOLDER, SWMHP COLLECTS, HOLDS IN ESCROW, AND REMITS TAXES AND INSURANCE ON BEHALF OF THE BUYER THROUGH OUT THE CONTRACT.

PART X, LINE 2:

IN ACCORDANCE WITH THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THE ORGANIZATION ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL

**Part XIII** Supplemental Information (continued)

STATEMENTS. UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX  
 BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT  
 THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING  
 AUTHORITIES, BASED ON THE TECHNICAL MERIT OF THE POSITION. EXAMPLES OF TAX  
 POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS  
 POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE  
 INCOME. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS  
 LIABILITIES DURING 2023 AND 2022.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization: **SOUTHWEST MINNESOTA HOUSING PARTNERSHIP**  
Employer identification number: **41-1721815**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
J MURPHY & ASSOCIATES, RAINMAKER, LLC - 1300 NE	COMMUNICATIONS WRITING, EVENT PLANNING, OTHER		X	0.	22,276.	-22,276.
<b>Total</b> .....					22,276.	-22,276.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- MN
- 
- 
- 
- 
- 
- 
- 
- 
- 
-

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
11	Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue .....		
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: J MURPHY & ASSOCIATES, RAINMAKER, LLC

(I) ADDRESS OF FUNDRAISER:

1300 NE GODWARD ST. SUITE 2625, MINNEAPOLIS, MN 55413

(II) ACTIVITY: COMMUNICATIONS WRITING, EVENT PLANNING, OTHER DEVELOPMENT CO

**Part IV** Supplemental Information (continued)

[This area contains horizontal lines for supplemental information, but no text is present.]

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **SOUTHWEST MINNESOTA HOUSING PARTNERSHIP** Employer identification number **41-1721815**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 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 \_\_\_\_\_

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SMALL CITIES BLOCK GRANT - OWNER OCCUPIED HOUSING REHAB	9	67,912.	0.		
RENTAL SUBSIDIES	6	33,770.	0.		

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

PART I, LINE 2:

THE PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN THE U.S. INCLUDE HAVING

THE PROGRAM AND FINANCE STAFF REVIEW THE GRANT AGREEMENTS FOR REQUIREMENTS

OF THE GRANT FUNDS. GRANT APPLICATIONS ARE ALSO REVIEWED BECAUSE MOST OF

THE APPLICATIONS ARE INCORPORATED INTO THE AGREEMENTS. FOR THE GRANT FUNDS

WITH ESTABLISHED POLICIES, THE APPLICATIONS AND THE FUNDERS' POLICIES ARE

REVIEWED FOR ANY PROVISIONS THAT DICTATE HOW THE FUNDS ARE TO BE DISBURSED

AND REPORTED. INTERIM AND FINAL NARRATIVE AND FINANCIAL REPORTS ON USAGE OF

FUNDS ARE PROVIDED TO FUNDERS. THE FUNDS ARE TRACKED BY PROGRAM AND FINANCE

**Part IV** Supplemental Information

STAFF, ALONG WITH THE FUNDER, THROUGH DRAW REQUESTS AND REPORTS.

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

SOUTHWEST MINNESOTA HOUSING PARTNERSHIP

Employer identification number

41-1721815

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <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 indemnification 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 (such as 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" 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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHAD ADAMS CHIEF EXECUTIVE OFFICER	(i)	164,675.	0.	0.	8,804.	10,422.	183,901.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

Horizontal lines for supplemental information.



**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **SOUTHWEST MINNESOTA HOUSING PARTNERSHIP** Employer identification number **41-1721815**

Part I	Bond Issues	SEE PART VI FOR COLUMN (F) CONTINUATIONS											
		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
								Yes	No	Yes	No	Yes	No
<b>A</b>	CITY OF JACKSON, MN	41-6005262	468410AM7	12/28/17	4,400,000.	REFUND PRIOR ISSUE - MULTIFAMILY HOUSING ACQUI		X		X		X	
<b>B</b>													
<b>C</b>													
<b>D</b>													

Part II	Proceeds	A		B		C		D	
<b>1</b>	Amount of bonds retired .....	320,000.							
<b>2</b>	Amount of bonds legally defeased .....								
<b>3</b>	Total proceeds of issue .....	4,400,000.							
<b>4</b>	Gross proceeds in reserve funds .....								
<b>5</b>	Capitalized interest from proceeds .....								
<b>6</b>	Proceeds in refunding escrows .....								
<b>7</b>	Issuance costs from proceeds .....	88,000.							
<b>8</b>	Credit enhancement from proceeds .....								
<b>9</b>	Working capital expenditures from proceeds .....	73,352.							
<b>10</b>	Capital expenditures from proceeds .....	26,124.							
<b>11</b>	Other spent proceeds .....	4,212,524.							
<b>12</b>	Other unspent proceeds .....								
<b>13</b>	Year of substantial completion .....	2018							
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....	X							
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X						
<b>16</b>	Has the final allocation of proceeds been made? .....	X							
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X							

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

Schedule K (Form 990) 2023

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X						

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X							

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CITY OF JACKSON, MN

(F) DESCRIPTION OF PURPOSE:

REFUND PRIOR ISSUE - MULTIFAMILY HOUSING ACQUISITION

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: CITY OF JACKSON, MN

DATE THE REBATE COMPUTATION WAS PERFORMED: 12/01/2022

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization <b>SOUTHWEST MINNESOTA HOUSING PARTNERSHIP</b>	Employer identification number <b>41-1721815</b>
--	---

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

TO PARTNER WITH COMMUNITIES TO DEVELOP PLACES FOR PEOPLE TO CALL HOME  
SO THAT PEOPLE IN SOUTHWEST AND SOUTH-CENTRAL MINNESOTA HAVE ACCESS TO  
DIGNIFIED AFFORDABLE HOUSING, AND THRIVING, INCLUSIVE AND EQUITABLE  
COMMUNITIES.

FORM 990, PART III, LINE 1:

SOUTHWEST MINNESOTA HOUSING PARTNERSHIP (SWMHP) IS A NOT-FOR-PROFIT  
COMMUNITY DEVELOPMENT CORPORATION SERVING COMMUNITIES THROUGHOUT 30  
COUNTIES IN SOUTHWEST AND SOUTH-CENTRAL MINNESOTA, WHOSE MISSION IS TO  
PARTNER WITH COMMUNITIES TO DEVELOP PLACES FOR PEOPLE TO CALL HOME. OUR  
VISION IS ONE WHERE EVERY PERSON HAS ACCESS TO A WELCOMING HOME, AND  
EVERY PLACE HAS A THRIVING AND EQUITABLE COMMUNITY. SWMHP DOES THIS BY  
PROMOTING AND DELIVERING A HIGH-QUALITY COMPREHENSIVE MENU OF HOUSING  
SERVICES AND PRODUCTS, INCLUDING HOMEOWNERSHIP ASSISTANCE, COMMUNITY  
LAND TRUST, COMMUNITY PLANNING AND TECHNICAL ASSISTANCE, LAND  
DEVELOPMENT AND REDEVELOPMENT, HOUSING PRESERVATION, HOUSING  
ASSESSMENTS AND INSPECTIONS, COMMUNITY BUILDING AND ENGAGEMENT, AND  
SUPPORTIVE HOUSING SERVICES. THE SWMHP ENSURES ITS ACTIVITIES ARE  
CONDUCTED SUSTAINABLY, SUPPORT RESIDENT AND COMMUNITY HEALTH, AND  
CREATE COMMUNITY RESOURCES TO HELP PEOPLE PROSPER.

THIS WORK IS CENTERED IN THE VALUES OF 1) STRONG RURAL COMMUNITIES, 2)  
SAFE HOUSING AS A FUNDAMENTAL RIGHT, 3) SHARED EMPOWERED FUTURES, 4)  
INNOVATION CENTERED IN QUALITY AND SUSTAINABILITY, AND 5) PEOPLE  
WORKING TOGETHER.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization SOUTHWEST MINNESOTA HOUSING PARTNERSHIP	Employer identification number 41-1721815
---	--

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

REFINANCING FOR EXTENDED AFFORDABILITY OR RETENTION OF RENTAL  
SUBSIDIES, AND OTHER FINANCING REVIEW FOR PROPERTIES AND PORTFOLIOS.

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

STAKEHOLDERS COULD ENVISION. THESE SERVICES ARE PRIMARILY FUNDED BY  
DEVELOPER FEES, FOUNDATION GRANTS AND THE MINNESOTA HOUSING FINANCE  
AGENCY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COUNSELING & SUPPORTIVE SERVICES:

SWMHP PROVIDES EDUCATION AND COUNSELING SERVICES TO THOSE PREPARING FOR  
HOMEOWNERSHIP, AS WELL AS THOSE IN RENTAL SITUATIONS DEPENDING ON THEIR  
NEEDS. HOMEOWNERSHIP COUNSELING SERVICES ADDRESS CREDIT CONCERNS,  
EDUCATE ON HOUSEHOLD MAINTENANCE AND UPKEEP, AND HELP IDENTIFY  
FINANCING SOURCES. THESE COUNSELING SERVICES ALSO INCLUDE FORECLOSURE  
COUNSELING AND ADVOCACY, AS WELL AS EVICTION PREVENTION COUNSELING AND  
ADVOCACY.

SWMHP ALSO SERVES AS A SUPPORTIVE SERVICES PROVIDER FOR ELIGIBLE  
RESIDENTS OF THREE PROPERTIES IN SWMHP'S PORTFOLIO AND TWO PROPERTIES  
IN ANOTHER DEVELOPER/OWNER'S PORTFOLIO. SUPPORTIVE SERVICES INCLUDE  
CREATING INDIVIDUALIZED HOUSEHOLD PLANS WITH GOALS DESIGNED TO ADDRESS  
RESIDENT'S OBSTACLES AND BARRIERS TO HOUSING. THESE PLANS ADDRESS  
SECURING EMPLOYMENT, MEETING BASIC NEEDS, EDUCATION ON TENANT RIGHTS  
AND RESPONSIBILITIES, CONFLICT MANAGEMENT WITH LANDLORDS AND NEIGHBORS,  
AND REFERRALS TO APPROPRIATE THERAPIES AND PROGRAMS AVAILABLE IN THE

Name of the organization SOUTHWEST MINNESOTA HOUSING PARTNERSHIP	Employer identification number 41-1721815
---	--

COMMUNITY. SWMHP PROVIDES SUPPORTIVE SERVICES TO APPROXIMATELY 120

INDIVIDUALS IN 50 UNITS.

EXPENSES \$ 631,659. INCLUDING GRANTS OF \$ 33,770. REVENUE \$ 305,586.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO MANAGE THE AFFAIRS OF THE

CORPORATION IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS

SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD OF DIRECTORS. THE

MEMBERSHIP INCLUDES THE OFFICERS OF THE CORPORATION (CHAIR, VICE CHAIR AND

SECRETARY, TREASURER), PAST CHAIR, AND ONE OTHER DIRECTOR THAT IS APPOINTED

TO THE EXECUTIVE COMMITTEE BY THE BOARD CHAIR AND CONFIRMED BY A MAJORITY

VOTE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY

TO ACT ON BEHALF OF THE BOARD OF DIRECTORS WITH ITS FULL AUTHORITY UNDER

THE FOLLOWING CONDITIONS: 1) TO APPROVE TIME SENSITIVE BUSINESS

TRANSACTIONS WHERE THE BOARD HAS BEEN PREVIOUSLY INFORMED, AND; 2) UNDER AN

EMERGENCY SITUATION.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND SUBSEQUENTLY

REVIEWED INTERNALLY BY MANAGEMENT. ONCE FINALIZED, THE RETURN IS PRESENTED

TO THE BOARD FOR APPROVAL BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS AND OFFICERS OF THE ORGANIZATION, IN THE COURSE OF OR IN RELATION

TO THEIR OFFICIAL DUTIES, SHALL NOT DIRECTLY OR INDIRECTLY RECEIVE OR AGREE

TO RECEIVE ANY PAYMENT, COMPENSATION, GIFT, SERVICE OF PROMISE OF FUTURE

EMPLOYMENT FROM ANY SOURCE OTHER THAN THE ORGANIZATION.

Name of the organization SOUTHWEST MINNESOTA HOUSING PARTNERSHIP	Employer identification number 41-1721815
---	--

THE BOARD HAS ACCESS TO THE ORGANIZATION'S SENIOR MANAGEMENT AND RECOGNIZES THAT JUDGMENT AND DISCRETION ARE TO BE OBSERVED IN SUCH CONTACTS. IT IS EXPECTED THAT SENIOR MANAGEMENT SHALL INFORM THE BOARD IN CASES THAT INVOLVE CONTRACTS, OBTAINING PRODUCTS OR SERVICES OR OTHER SITUATIONS WHERE A POTENTIAL CONFLICT MAY EXIST WITH AN OFFICER OR DIRECTOR.

IN CASES WHERE A DIRECTOR OR OFFICER OF THE ORGANIZATION BELIEVES THAT A CONFLICT OF INTEREST MAY EXIST, THAT DIRECTOR OR OFFICER SHALL RECUSE HIM/HERSELF FROM ANY DISCUSSION OR ACTIONS PERTAINING TO THE MATTER.

ALL DIRECTORS AND OFFICERS OF THE ORGANIZATION SHALL ACKNOWLEDGE THEIR UNDERSTANDING AND DUTY TO CONDUCT THEIR ACTIVITIES IN COMPLIANCE WITH THE CONFLICT INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15A:  
THE ORGANIZATION PROVIDES THE BOARD OF DIRECTORS A REPORT FROM NEIGHBORWORKS THAT COMPARES THE CEO'S SALARY AGAINST OTHER CEOS IN THE NEIGHBORWORKS NETWORK. THE BOARD COMPLETES THE CEO'S PERFORMANCE REVIEW AND APPROVES THE CEO'S GOALS FOR THE UPCOMING YEAR. THE BOARD APPROVES THE CEO'S COMPENSATION INCREASE (TYPICALLY ANNUALLY AT THE BEGINNING OF THE YEAR). THESE DECISIONS ARE DOCUMENTED AND RETAINED WITH OTHER OFFICIAL BOARD RECORDS.

FORM 990, PART VI, SECTION C, LINE 19:  
ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
NEW ENTITIES FOR CONSOLIDATION -81,121.

Name of the organization SOUTHWEST MINNESOTA HOUSING PARTNERSHIP	Employer identification number 41-1721815
---	--

ASSIGNMENT OF EQUITY - WESTWINDS	874,989.
ASSIGNMENT OF LIMITED PARTNERSHIP INTERESTS	-366,527.
CASH DISTRIBUTIONS	27,684.
TOTAL TO FORM 990, PART XI, LINE 9	455,025.

FORM 990, PART XII, LINE 2C:

NEITHER THE OVERSIGHT PROCESS OR THE SELECTION PROCESS OF THE

INDEPENDENT ACCOUNTANT CHANGED DURING THE TAX YEAR.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization <p align="center">SOUTHWEST MINNESOTA HOUSING PARTNERSHIP</p>	Employer identification number <p align="center">41-1721815</p>
---	--

**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
SWMHP FIVE CITIES LLC - 82-3526189 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	807,395.	2,473,657.	SW MN HOUSING PARTNERSHIP
NEW PRAGUE WESTGATE TOWNHOMES, LLC - 26-1540097, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RESIDENTIAL RENTAL	COLORADO	543,729.	2,573,386.	SW MN HOUSING PARTNERSHIP
ST. PETER NICOLLET MEADOWS, LLC - 27-3495194 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	265,797.	1,220,721.	SW MN HOUSING PARTNERSHIP
PARTNERSHIP COMMUNITY LAND TRUST, LLC - 26-3077766, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	LAND TRUST	COLORADO	171,717.	847,050.	SW MN HOUSING PARTNERSHIP

**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
NICOLLET MEADOWS HOUSING GROUP - 41-2019031 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	501(C)(3)	LINE 10	SOUTHWEST MINNESOTA HOUSING PARTNERSHIP	X	

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

Schedule R (Form 990) 2023

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SWMHP SIBLEY PARKWAY APARTMENTS, LLC - 27-4542454, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RESIDENTIAL RENTAL - HOLDING COMPANY	MINNESOTA	81,235.	552,183.	SW MN HOUSING PARTNERSHIP
SWMHP EDGEWOOD APARTMENTS LLC - 46-5346581 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	358,082.	1,470,397.	SW MN HOUSING PARTNERSHIP
BUFFWOOD LLC - 27-0175280 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	612,107.	3,082,262.	SW MN HOUSING PARTNERSHIP
SWMHP CENTENNIAL APARTMENTS LLC - 46-5363838 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	542,415.	1,675,393.	SW MN HOUSING PARTNERSHIP
SWMHP NIMENS ESPEGARD APARTMENTS LLC - 46-3713664, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	755,452.	4,935,892.	SW MN HOUSING PARTNERSHIP
SWMHP HOMESTEAD APARTMENTS LLC - 82-5223816 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	1,052,786.	6,471,300.	SW MN HOUSING PARTNERSHIP
SPRINGFIELD APARTMENTS LTD PARTNERSHIP - 41-1472261, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	109,788.	607,838.	SW MN HOUSING PARTNERSHIP
TRIMONT HOUSING INVESTORS LLC - 20-1360735 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	126,522.	301,323.	SW MN HOUSING PARTNERSHIP
WELCOME HOUSING INVESTORS LLC - 20-1361425 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	114,621.	205,445.	SW MN HOUSING PARTNERSHIP
SWMHP PARK ROW CROSSING LLC - 46-1947777 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL - HOLDING COMPANY	MINNESOTA	0.	0.	SW MN HOUSING PARTNERSHIP

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SWMHP SOLACE APARTMENTS LLC - 82-1853237 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL - HOLDING COMPANY	MINNESOTA	0.	0.	SW MN HOUSING PARTNERSHIP
SWMHP MAPLEWOOD OF ST. PETER LLC - 47-3093245, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RESIDENTIAL RENTAL - HOLDING COMPANY	MINNESOTA	0.	0.	SW MN HOUSING PARTNERSHIP
SWMHP NOBLES SQUARE APARTMENTS LLC - 45-4300033, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RESIDENTIAL RENTAL - HOLDING COMPANY	MINNESOTA	0.	0.	SW MN HOUSING PARTNERSHIP
SWMHP BRADLEY SQUARE APARTMENTS LLC - 46-2695938, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RESIDENTIAL RENTAL - HOLDING COMPANY	MINNESOTA	5,113.	5,104.	SW MN HOUSING PARTNERSHIP
SWMHP LAKEWOOD APARTMENTS LLC - 46-0637448 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL - HOLDING COMPANY	MINNESOTA	5,023.	5,012.	SW MN HOUSING PARTNERSHIP
SWMHP STREET E TOWNHOMES LLC - 46-4810049 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL - HOLDING COMPANY	MINNESOTA	0.	0.	SW MN HOUSING PARTNERSHIP
SWMHP GRAND TERRACE APARTMENTS LLC - 61-1738427, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RESIDENTIAL RENTAL - HOLDING COMPANY	MINNESOTA	0.	0.	SW MN HOUSING PARTNERSHIP
SWMHP LP LLC - 61-1696083 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	35,579.	123,169.	SW MN HOUSING PARTNERSHIP
SWMHP RD PROPERTIES 2017 LLC - 82-3406817 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL - HOLDING COMPANY	MINNESOTA	0.	0.	SW MN HOUSING PARTNERSHIP
SWMHP TRAILSIDE ACRES LLC - 82-1802420 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL - HOLDING COMPANY	MINNESOTA	0.	0.	SW MN HOUSING PARTNERSHIP

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PARTNERSHIP DESIGN LLC - 83-1834790 2401 BROADWAY AVENUE SLAYTON, MN 56172	SUPPORTING MODEST SCALE AND LIMITED SCOPE MULTIFAMILY RENOVATIONS	MINNESOTA	10,800.	8,525.	SW MN HOUSING PARTNERSHIP
SWMHP HANSON APARTMENTS LLC - 82-4411212 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	549,708.	5,816,911.	SW MN HOUSING PARTNERSHIP
TANGLEWOOD ESTATE LP - 41-1823082 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	222,524.	695,711.	SW MN HOUSING PARTNERSHIP
PIPESTONE FAMILY HOUSING LP - 41-1980471 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	176,664.	505,313.	SW MN HOUSING PARTNERSHIP
PRAIRIE VIEW LP - 41-1823081 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	234,512.	443,111.	SW MN HOUSING PARTNERSHIP
LIVERNE FAMILY HOUSING LP - 41-1855330 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	222,962.	485,033.	SW MN HOUSING PARTNERSHIP
RIVER RIDGE WINDOM LP - 41-1924492 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	520,673.	770,117.	SW MN HOUSING PARTNERSHIP
PARIS PARK LP - 75-3024145 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	292,023.	934,940.	SW MN HOUSING PARTNERSHIP
MANKATO CHERRY RIDGE APARTMENTS LP - 32-0186953, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	859,640.	6,064,891.	SW MN HOUSING PARTNERSHIP
SWMHP ROYAL MANOR II LLC - 86-1624501 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	22,769.	1,511,049.	SW MN HOUSING PARTNERSHIP

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHOKIO HOUSING INVESTORS, LLC - 20-1360680 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	189,261.	447,222.	SW MN HOUSING PARTNERSHIP
D & G APARTMENTS, LLP - 41-6170726 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	71,136.	316,002.	SW MN HOUSING PARTNERSHIP
D & G APARTMENTS II, LLP - 41-1372653 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	79,796.	326,714.	SW MN HOUSING PARTNERSHIP
SWMHP THREE CITIES LLC - 87-4779788 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	863,160.	3,809,550.	SW MN HOUSING PARTNERSHIP
SWMHP CONSOLIDATED LLC - 83-2324181 2401 BROADWAY AVENUE SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	16,345.	89,454.	SW MN HOUSING PARTNERSHIP
VIKING TERRACE APARTMENTS LIMITED PARTNERSHIP - 20-2772402, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	528,408.	2,047,167.	SW MN HOUSING PARTNERSHIP
WESTWIND ESTATES TOWNHOMES LIMITED PARTNERSHIP - 26-3077684, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RESIDENTIAL RENTAL	MINNESOTA	267,747.	2,887,039.	SW MN HOUSING PARTNERSHIP

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

(a) 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	
10TH STREET TOWNHOMES LLLP - 46-1503289, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RENTAL	MN	N/A	RELATED	-15.	1,354,141.		X	N/A	X		.01%
GRAND TERRACE APARTMENTS LIMITED PARTNERSHIP - 35-2507792, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RENTAL	MN	N/A	RELATED	-18.	157,985.		X	N/A	X		.01%
MAPLEWOOD OF ST. PETER LIMITED PARTNERSHIP - 32-0458844, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RENTAL	MN	N/A	RELATED	-6.	35,308.		X	N/A	X		.01%
NEW CASTLE TOWNHOMES LP - 27-1227549, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RENTAL	MN	N/A	RELATED	-9.	362,080.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign 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
SOUTHWEST BUILDING SPECIALISTS, INC. - 20-3280023, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	GENERAL CONTRACTOR	MN	SOUTHWEST MINNESOTA HOUSING	C CORP	-38,731.	154,142.	100%	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign 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) Dispropor- tate 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	
NOBLES SQUARE APARTMENTS LIMITED PARTNERSHIP - 45-4339268, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RENTAL	MN	N/A	RELATED	-5.	496,010.		X	N/A	X		.01%
PARK ROW CROSSING LP - 61-1704545, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RENTAL	MN	N/A	RELATED	-7.	540,935.		X	N/A	X		.01%
RD PROPERTIES 2017 LP - 82-3414288, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RENTAL	MN	N/A	RELATED	-133.	1,685,945.		X	N/A	X		.01%
ROCK MANOR LP (STONE CREEK TOWNHOMES) - 41-1443134, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RENTAL	MN	N/A	RELATED	6,244.	982,628.		X	N/A	X		55.80%
SIBLEY PARKWAY APARTMENTS LP - 27-4542357, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RENTAL	MN	N/A	RELATED	-15.	588,147.		X	N/A	X		.01%
SOLACE APARTMENTS, LP - 82-1876688, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RENTAL	MN	N/A	RELATED	-14.	91,269.		X	N/A	X		.01%
SOUTH PARK MANOR LP (CROSSROADS TOWNHOMES) - 41-1395722, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RENTAL	MN	N/A	RELATED	20,385.	1,677,611.		X	N/A	X		68.50%
SPRINGSTONE LLC - 27-0310144 2401 BROADWAY AVENUE SLAYTON, MN 56172	RENTAL	MN	SOUTHWEST MN HOUSING PTSHP	RELATED	-54,669.	3,072,694.		X	N/A	X		80.00%
STREET E TOWNHOMES LIMITED PARTNERSHIP - 35-2504439, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RENTAL	MN	N/A	RELATED	-12.	777,425.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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	
TRAILSIDE ACRES LP - 82-1812326, 2401 BROADWAY AVENUE, SLAYTON, MN 56172	RENTAL	MN	N/A	RELATED	-4.	260,767.		X	N/A	X		.01%



**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**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) SOUTHWEST BUILDING SPECIALISTS INC	A	3,000.	CY ACTIVITY
(2) SOUTHWEST BUILDING SPECIALISTS INC	O	100,516.	CY ACTIVITY
(3) NICOLLET MEADOWS HOUSING GROUP	A	300.	CY ACTIVITY
(4) NICOLLET MEADOWS HOUSING GROUP	D	579,095.	YE BAL PLUS CY ACTIVITY
(5) SPRINGSTONE LLC	D	358,005.	YE BALANCE
(6) SOUTH PARK MANOR LP	D	366,614.	YE BAL PLUS CY ACTIVITY

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) SOUTH PARK MANOR LP	E	168,105.	YE BALANCE
(8) STREET E TOWNHOMES LP	A	64,015.	CY ACTIVITY
(9) STREET E TOWNHOMES LP	D	1,360,876.	YE BAL PLUS CY ACTIVITY
(10) ROCK MANOR LP	A	1,694.	CY ACTIVITY
(11) ROCK MANOR LP	D	312,472.	YE BAL PLUS CY ACTIVITY
(12) ROCK MANOR LP	E	199,574.	YE BALANCE
(13) SIBLEY PARKWAY APARTMENTS LP	A	51,585.	CY ACTIVITY
(14) SIBLEY PARKWAY APARTMENTS LP	D	1,168,360.	YE BAL PLUS CY ACTIVITY
(15) TRAILSIDE ACRES LP	D	504,151.	YE BAL PLUS CY ACTIVITY
(16) PARK ROW CROSSING LP	A	12,837.	CY ACTIVITY
(17) PARK ROW CROSSING LP	D	413,337.	YE BAL PLUS CY ACTIVITY
(18) SOLACE APARTMENTS LP	A	1,550.	CY ACTIVITY
(19) SOLACE APARTMENTS LP	D	299,306.	YE BAL PLUS CY ACTIVITY
(20) SOLACE APARTMENTS LP	E	133,705.	YE BAL PLUS CY ACTIVITY
(21) SOLACE APARTMENTS LP	L	194,450.	CY ACTIVITY
(22) GRAND TERRACE APARTMENTS LP	A	3,878.	CY ACTIVITY
(23) GRAND TERRACE APARTMENTS LP	D	277,135.	YE BAL PLUS CY ACTIVITY
(24) NEW CASTLE TOWNHOMES LP	A	18,297.	CY ACTIVITY

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) NEW CASTLE TOWNHOMES LP	D	272,649.	YE BAL PLUS CY ACTIVITY
(8) NOBLES SQUARE APARTMENTS LP	A	38,211.	CY ACTIVITY
(9) NOBLES SQUARE APARTMENTS LP	D	525,912.	YE BAL PLUS CY ACTIVITY
(10) 10TH STREET TOWNHOMES LLLP	A	47,086.	CY ACTIVITY
(11) 10TH STREET TOWNHOMES LLLP	D	1,359,722.	YE BAL PLUS CY ACTIVITY
(12) RD PROPERTIES 2017 LP	A	25,298.	CY ACTIVITY
(13) RD PROPERTIES 2017 LP	D	2,449,425.	YE BAL PLUS CY ACTIVITY
(14) RD PROPERTIES 2017 LP	L	722,571.	CY ACTIVITY
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

**Part VII Supplemental Information**

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

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

**NAME OF RELATED ORGANIZATION:**

SOUTHWEST BUILDING SPECIALISTS, INC.

**DIRECT CONTROLLING ENTITY:** SOUTHWEST MINNESOTA HOUSING PARTNERSHIP