SCANNED JUL 1 7 2019

Form 990-T	Exempt Organization	on Buşin	es	s Income T	ax Returr)	OMB No 1545-0687	
e in		y tax under s			N 30, 201	ØΙ	2017	
	For calendar year 2017 or other tax year beginning	<u>.8</u>	ZU 17					
Department of the Treasury Internal Revenue Service	► Go to www.irs gov/For	Open to Public Inspection for						
A Check box if address changed	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Name of organization (D Employer identification number (Employees' trust, see	
B Exempt under section	Print SOUTHWEST INITIATIVE FOUNDATION						instructions) 41-1555592	
X 501(c 0 3) 408(e) 220(e)	Number, street, and room or suite no						ated business activity codes instructions)	
408(e) 220(e) 408A 530(a)	City or town, state or province, count	try and 7IP or fore	יייייייייייייייייייייייייייייייייייייי	nostal code				
529(a)	_ ·							
Book value of all assets	F Group exemption number (See ins	55350 structions.) ▶				<u> </u>		
at end of year	37. G Check organization type ► X		ion	501(c) trust	401(a)	trust	Other trust	
	n's primary unrelated business activity.							
	the corporation a subsidiary in an affiliated gro	oup or a parent-sul	bsıdı	ary controlled group?	▶ [Ye	s X No	
. If "Yes," enter the name	nd identifying number of the parent corporation	on. ►					·	
	► MARGIE NELSEN, CF	0		Telepho	one number 🕨 3	20-	587-4848	
Part I , Unrelate	Trade or Business Income			(A) Income	(B) Expenses	3	(C) Net	
1:1a Gross receipts or sal	s				,	•		
2b Less returns and allo		: <u>1c</u>						
,2 Cost of goods sold (chedule A, line 7)	2						
3 Gross profit. Subtract		3						
	e (attach Schedule D)	<u>4a</u>	_				4	
	4797, Part II, line 17) (attach Form 4797)	4b	t_			_		
c Capital loss deductio		4c						
	artnerships and S corporations (attach stateme	· ·	-					
6 Rent income (Schedi	•	6			=		 	
7.	ed income (Schedule E)	7 (Cab 5)	+	B			·····	
	valties, and rents from controlled organizations	· · ·	+					
	a section 501(c)(7), (9), or (17) organization	·		-				
	/ity income (Schedule I)	10 11	-				· · · · · · · · · · · · · · · · · · ·	
11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule)			+					
			$\overline{}$	0.				
13 Total. Combine lines 3 through 12 13 0 .								
	contributions, deductions must be direct				income)			
14 Compensation of of	cers, directors, and trustees (Schedule K)			•	·	14		
15 Salaries and wages	,					15		
16, Repairs and mainter	ance	RECEI	VE	D-		16		
17 Bad debts				* .		17		
18 Interest (attach scho	18 Interest (attach schedule)							
19 Taxes and licenses MAY						19		
20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) OGDEN, UT 21						20		
21 Depreciation (attach	· · · · · · · · · · · · · · · · · · ·	OGDE	14,					
	umed on Schedule A and elsewhere on retur hr			22a		22b		
23 Depletion						23		
24 Contributions to deferred compensation plans						24		
25 Employee benefit programs						25		
26 Excess exempt expenses (Schedule I)						26		
27 Excess readership costs (Schedule J) 28 Other deductions (attach cohedule)					27 28			
28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28						$\overline{}$	0.	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13					29 30	0.		
31 Net operating loss deduction (limited to the amount on line 30)						31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30						32	0.	
33 - Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)						33	1,000.	
	taxable income. Subtract line 33 from line 32		er th	an line 32, enter the sm	aller of zero or			
line 32						24	0.	
723701 01-22-18 LHA F	r Paperwork Reduction Act Notice, see instri	uctions.			2		Form 990-T (2017)	

Form 990-1	(2017) SOUTHWEST INITIATIVE FOUNDATION	41-155	5592	Page 2
Part I				
35	Organizations Taxable as Corporations. See instructions for tax computation.			
	Controlled group members (sections 1561 and 1563) check here ▶ See instructions and:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		l	
-	(1) \$ (2) \$ (3) \$			
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
U	(2) Additional 3% tax (not more than \$100,000)			
_	Income tax on the amount on line 34		050	0.
			35c	
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:			
	Tax rate schedule or Schedule D (Form 1041)		36	
37	Proxy tax. See instructions	•	37	
38	Alternative minimum tax	}	38	
39	Tax on Non-Compliant Facility Income See instructions	}	39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
Part I		Т		
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a			
b	Other credits (see instructions)			
C	General business credit. Attach Form 3800			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40		42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attack)	ch schedule)	43	
44	Total tax. Add lines 42 and 43		44	0.
45 a	Payments: A 2016 overpayment credited to 2017	Ţ.		
	2017 estimated tax payments 45b			
	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d			
	Backup withholding (see instructions) 504 45e	510.		
	Credit for small employer health insurance premiums (Attach Form 8941) 45f			
	Other credits and payments: Form 2439			
a	Form 4136 Other Total 48g	ŀ		
46	Total payments. Add lines 45a through 45g	GI	ATC	510.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	ا ,ح	46	
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	_	7	
48	·		48 49	F10
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		7 ;	<u>510.</u>
	Enter the amount of line 49 you want: Credited to 2018 estimated tax Statements Regarding Certain Activities and Other Information (see instruction)		O\$0	510.
Part V		ıns)		<u> </u>
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			
	here >			_ <u>X</u>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?		X
	If YES, see instructions for other forms the organization may have to file.			
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
o:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the becreet, and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my know	ledge and belief,	it is true,
Sign	A start 1.10	Mar	y the IRS discuss	this return with
Here	PRESIDENT/CEO		preparer shown	
	Signature of officer Date Title	ınst	ructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Che	eck 🔲 if	PTIN	
Paid		f- employed		
Prepa	rer KRISTIN L. SCHMIDT Stroub J. phmid 1/3/19		P0148	37323
Use C		rm's EIN		746749
300 0	818 SECOND STREET SOUTH, SUITE 320			
	· ·	ione no. 3	20-203-	-5500
				990-T (2017)