

Form	887	'9-	EC)

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or fiscal year beginning ______, 2019, and ending ______

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

72-1534324

, 20

YES HOUSING OF ARIZONA, INC.

AUGUSTINE	C.	BACA			
PRESIDENT	CEC)			

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	45,849.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X Lauthorize MOSS ADAMS LLP	to enter my PIN 11111
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed re is being filed with a state agency(ies) regulating charities as part of the IR enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the indicated within this return that a copy of the return is being filed with a sprogram, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	85334822222 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2019 confirm that I am submitting this return in accordance with the requirements of Pu <i>e-file</i> Providers for Business Returns.	
ERO's signature Pamela Alexanderson	Date 11/05/20
ERO Must Retain This Form Do Not Submit This Form to the IRS U	
HA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2019)

LHA For Paperwork Reduction Act Notice, see instructions. 923051 10-03-19

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2019.04030 YES HOUSING OF ARIZONA, I 333603B1

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

0040

EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



АГ	or the	and and a sear, or tax year beginning and	enaing				
B c a	heck if pplicable	C Name of organization		D Employer identifie	cation number		
	Addres	YES HOUSING OF ARIZONA, INC.					
	Name Change	Doing business as		72-153432	24		
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return/	901 PENNSYLVANIA ST. NE		505-923-	9606		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	45,849.		
	Amend return	ALBUQUERQUE, NM 87110		H(a) Is this a group re	eturn		
	Applica	F Name and address of principal officer: AUGUSTINE C. BACA		for subordinates	? Yes 🗶 No		
	pendin	⁹ SAME AS C ABOVE		H(b) Are all subordinates included?			
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🚺 527	If "No," attach a	list. (see instructions)		
J۷	Vebsit	e:▶ WWW.YESHOUSING.ORG		H(c) Group exemption	n number 🕨		
KF	orm of	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2002 N	State of legal domicile: AZ		
Pa	rt I	Summary					
	1	Briefly describe the organization's mission or most significant activities: $\ \underline{ extsf{DEVE}}$	LOPMEN	T OF AFFORDA	ABLE		
nce		HOUSING FOR YOUTH AND FAMILIES IN ARIZONA	۱.				
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	5		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			2		
es 8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0		
ìti	6	Total number of volunteers (estimate if necessary)		6	2		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
<u>م</u>	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		250,000.	0.		
nué	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
Ē	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		38,157.	45,849.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		288,157.	45,849.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
e de	b	Total fundraising expenses (Part IX, column (D), line 25)	0.				
۵	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		38,263.	40,850.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		38,263.	40,850.		
		Revenue less expenses. Subtract line 18 from line 12		249,894.	4,999.		
t Assets or d Balances			Be	ginning of Current Year	End of Year		
sets alan	20	Total assets (Part X, line 16)		3,983,630.	4,490,344.		
t As	21	Total liabilities (Part X, line 26)		4,433,804.	4,773,399.		
-Ne		Net assets or fund balances. Subtract line 21 from line 20		-450,174.	-283,055.		
I Pa	nt II	Signature Block					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Andre Vera	11/11/200				
Sign	Signature of officer	Date				
Here	AUGUSTINE C. BACA, PRESIDENT/CEO					
	Type or print name and title					
	Print/Type preparer's name Preparer's signature	Date Check PTIN				
Paid	PAMELA ALEXANDERSON PAMELA ALEXANI	DERSON 11/05/20 self-employed P01218925				
Preparer	Firm's name 🕒 MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318				
Use Only	Firm's address 5565 AMERICAS PARKWAY NE STE	600				
	ALBUQUERQUE, NM 87110	Phone no. 505-878-7200				
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)					
932001 01-2	IN S2001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)					

Form	990 (2019) YES HOUSING OF ARIZONA, INC.	72-1534324 Page 2
	t III Statement of Program Service Accomplishments	U
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: DEVELOPMENT OF AFFORDABLE HOUSING FOR YOUTH AND FAMILIES	
2	Did the examination undertake any elemificant program convises during the year which were not listed on the	
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
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as n Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 34,058. including grants of \$) (Revenue	
	DEVELOPMENT OF AFFORDABLE HOUSING FOR YOUTH AND FAMILIES	IN ARIZONA.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	.e \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue\$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 34,058.	
		Form 990 (2019)
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^{2019.04030} YES HOUSING OF ARIZONA, I 333603B1

Form	990	(2019)	١

 Form 990 (2019)
 YES HOUSING OF ARIZONA, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	37
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		<u> </u>
4		4		х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie	- 23	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		- 11
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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2019.04030 YES HOUSING OF ARIZONA, I 333603B1

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Form 990 (2019) YES HOUSING OF ARIZONA, INC.
Part IV Checklist of Required Schedules (continued)

	checkinst of hequired concludes (continued)		V	Ne
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_ <u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		x
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				1
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
932004	01-20-20	Form	990	(2019)
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2019.04030 YES HOUSING OF ARIZONA, I 333603B1

	<u>990 (</u> 2019)	YES HOUSING OF ARIZONA, INC.	72-153432	4	Page 5
Par	t V Stateme	ents Regarding Other IRS Filings and Tax Compliance (continued)			_
			. —	Yes	i No
2a	Enter the number	of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calen	dar year ending with or within the year covered by this return2a	0		
b	If at least one is re	eported on line 2a, did the organization file all required federal employment tax returns? \cdot		b	
	Note: If the sum of	of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)			
					<u> </u>
		ed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O $$.		b	
		g the calendar year, did the organization have an interest in, or a signature or other author			
		in a foreign country (such as a bank account, securities account, or other financial account	nt)?4a	a	X
		e name of the foreign country			
		or filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accour			v
	-	tion a party to a prohibited tax shelter transaction at any time during the tax year?			X X
		arty notify the organization that it was or is a party to a prohibited tax shelter transaction?			
		or 5b, did the organization file Form 8886-T?		с 	
		ation have annual gross receipts that are normally greater than \$100,000, and did the orgather that were not tax deductible as charitable contributions?			x
	•	that were not tax deductible as charitable contributions?		a	
D	were not tax dedu			h	
7		at may receive deductible contributions under section 170(c).			
	-	receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	provided to the payor? 7	a	x
			71		
	÷	ion sell, exchange, or otherwise dispose of tangible personal property for which it was req			
	to file Form 8282'			c	X
d	If "Yes," indicate	the number of Forms 8282 filed during the year 7d			
е	Did the organizati	ion receive any funds, directly or indirectly, to pay premiums on a personal benefit contrac	zt?70	е	X
f	Did the organizati	ion, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		f	X
g	If the organization	n received a contribution of qualified intellectual property, did the organization file Form 88	399 as required? 7	g	
h	If the organizatior	n received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi	ile a Form 1098-C? 7	h	
8	Sponsoring orga	nizations maintaining donor advised funds. Did a donor advised fund maintained by the	e		
	sponsoring organ	ization have excess business holdings at any time during the year?		3	
		nizations maintaining donor advised funds.			
	-				
				b	-
) organizations. Enter:	1		
		d capital contributions included on Part VIII, line 12			
		cluded on Form 990, Part VIII, line 12, for public use of club facilities 10b			
		2) organizations. Enter:	1		
		m members or shareholders 11a m other sources (Do not net amounts due or paid to other sources against	<u> </u>		
b					
12a		eceived from them.) [11b] 1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041		a	
		e amount of tax-exempt interest received or accrued during the year			
		9) qualified nonprofit health insurance issuers.			
		n licensed to issue qualified health plans in more than one state?	13	a	
	-	tructions for additional information the organization must report on Schedule O.			
		of reserves the organization is required to maintain by the states in which the			
	organization is lic	ensed to issue qualified health plans			
		of reserves on hand13c			
				а	X
b	If "Yes," has it file	ed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		b	
		n subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			_
		payment(s) during the year?		5	X
		uctions and file Form 4720, Schedule N.			
16	Is the organization	n an educational institution subject to the section 4968 excise tax on net investment inco	me? 10	6	

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

Form 990 (2019)

932005 01-20-20

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Form 990	(2019)
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YES HOUSING OF ARIZONA, INC.

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

Section A. Governing Body and Management

72-1534324 Page 6

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. X

					_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with ar	iy other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?		4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point or	ne or				
	more members of the governing body?				7a		Х
	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
	persons other than the governing body?				7b		Х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	The governing body?	5	0		8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac			····· F			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rev		<u></u>	·····	5		
	This Section B requests information about policies not required by the internal Rev	<u>enue C</u>	<u>,oae.)</u>			Yes	No
100	Did the examination have legal chanters, branches, or effiliates?			Г	10a	165	X
	Did the organization have local chapters, branches, or affiliates?			·····	10a		- 11
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	•			104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	tiling the for	rm r	11a	~	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			I	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			·····	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," des	scribe				
	in Schedule O how this was done			····· -	12c	X	
13	Did the organization have a written whistleblower policy?			·····	13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by inde	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wit	ha				
	taxable entity during the year?			[16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	rticipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's	3				
	exempt status with respect to such arrangements?	<u></u> .	<u></u>		16b	Х	
Sect	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T	(Section 50)1(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.				- /		
	X Own website Another's website X Upon request Other (explain	on Sch	edule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		,	icy. and	financ	ial	
	statements available to the public during the tax year.			<i>,</i> ,			
	State the name, address, and telephone number of the person who possesses the organization's bool	ks and	records	•			
	HOLLY BARELA - 505-923-9606						
	901 PENNSYLVANIA ST. NE, ALBUQUERQUE, NM 87110						

Form 990 (20	019) YES	HOUSING OF	ARIZONA,	INC.	72-15343						
Part VII	Compensation of Of	icers, Directors,	Trustees, Key	y Employees	, Highest Compensated						
	Employees, and Independent Contractors										
(Check if Schedule O contai	ns a response or note	to any line in this	Part VII							

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	ndad I	irecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e a			ited		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			bense		(W-2/1099-MISC)		organization
	organizations	ial tru	onal 1		ploye	ee com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AUGUSTINE C BACA	5.00				×	Ξæ	ш			
PRESIDENT/CEO	45.00	х		х				0.	223,694.	64,939.
(2) MICHELLE DENBLEYKER	5.00									
SVP OF DEVELOPMENT	45.00	Х		Х				0.	148,478.	46,828.
(3) HOLLY M BARELA	5.00									
SVP/CFO/COO-SECRETARY/TREASURER	45.00	Х		X				0.	140,725.	45,819.
(4) DR BEVERLEE MCCLURE	0.20									_
CHAIRPERSON	0.50	х		X				0.	0.	0.
(5) LAWRENCE CHAVEZ	0.20									
VICE CHAIR/DIRECTOR	0.50	Х		X				0.	0.	0.
(6) JOSEPH R ORTEGA	5.00								4 - 0 0 0 0	
SVP OF DEVELOPMENT	45.00			X				0.	158,033.	48,026.
						\vdash				
					<u> </u>	<u> </u>				
		-								
						-				
932007 01-20-20	1							1		Form 990 (2019)

Form 990 (2019)

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Page 7

	990 (2019) YES HOUSI	NG OF A	RI	ZO	NA		IN	Ċ.		72-1	<u>534</u> :	324	Pa	age 8
Par	VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not cl , unles	ss per	ition more rson i	1 than c s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatic from related	on d	an	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS				e ion ed
1h	Subtotal								0.	670,93	30.	20	5,63	12.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.	670,93	0.	0.		0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	e		Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	ich individual								•	[3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J fo	or such individual			4	x	
	rendered to the organization? <i>If</i> "Yes." <i>com</i> , ion B. Independent Contractors											5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t	•	•							•	oensat			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C ompei	;) nsatior	า
								_						
2	Total number of independent contractors (ir	icluding but no	ot lin	nitec	d to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				C)						000	

Form **990** (2019)

932008 01-20-20

					SING O	F ARIZONA	A, INC.		72-1534	324 Page 9
Pa	rt V	/	Statement of Re	evenue						
			Check if Schedule O	contains a	response	or note to any line				
							(A)	(B)	(C)	(D) Revenue excluded
							Total revenue	Related or exempt function revenue	Unrelated business revenue	
										sections 512 - 514
s s	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b					
ي ق			Fundraising events		10 1c					
Ę,					1d					
i Gi			Related organizations							
Sin's,			Government grants (cont		1e					
er io		f	All other contributions, gifts,							
ēŧ			similar amounts not included	above	1f					
t p		-	Noncash contributions included in		1g \$					
<u>о</u> е		h	Total. Add lines 1a-1f			🕨				
						Business Code				
ø	2	а								
, vio		b								
Ser		с								
E		d								
gra		e								
Program Service Revenue		f	All other program service	rovonuo						
_										
		g	Total. Add lines 2a-2f							
	3		Investment income (inclu							
			other similar amounts) \dots							
	4		Income from investment		-	1		-		
	5		Royalties	· · · · · · · · · · · · · · · · · · ·						
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss	3)		►				
			Gross amount from sales of		Securities	(ii) Other				
			assets other than inventory	7a						
		h	Less: cost or other basis							
Ð			and sales expenses	7b						
venue		~								
			Gain or (loss)							
Other Re			Net gain or (loss)							
the	8	а	Gross income from fundrais	•						
Ò			including \$							
			contributions reported on	,						
			Part IV, line 18							
			Less: direct expenses							
		с	Net income or (loss) from	fundraisin	g events	····· ►				
	9	а	Gross income from gamir	ng activitie	s. See					
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from							
			Gross sales of inventory,							
			and allowances							
		h	Less: cost of goods sold							
			Net income or (loss) from							
	-	0		Jaies UI II	wentory	Business Code				
sn	44	_	REIMBURSEMENT	י ד∩ס	PROC	900099	45,849.	45,849.		
leo(11					500033				
llan 'eni		b								
Miscellaneous Revenue		С								
Mis]		All other revenue			L	15 010			
_		е	Total. Add lines 11a-11d				45,849		-	
	12		Total revenue. See instructi	ons	<u></u>	🕨	45,849.	45,849.	0.	0.
93200	9 01-	20-	20							Form 990 (2019)

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15061105 146892 333603B

2019.04030 YES HOUSING OF ARIZONA, I 333603B1

YES HOUSING OF ARIZONA, Part IX Statement of Functional Expenses

Do i	Check if Schedule O contains a respons not include amounts reported on lines 6b,	<u>e or note to any line in t</u> (A) Total expenses	nis Part IX (B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal	259.		259.	
с	Accounting	5,270.		5,270.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion				
3	Office expenses	195.		195.	
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel	3,387.	3,387.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	5,699.	5,205.	494.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
4	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 0.)				
а	DEVELOPER CONSULTANT	25,000.	25,000.		
b	MEMBERSHIP AND LICENSE	1,040.	466.	574.	
с					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	40,850.	34,058.	6,792.	0
<u> </u>	Joint costs. Complete this line only if the organization	•			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

INC.

2019.04030 YES HOUSING OF ARIZONA, I 333603B1

15061105 146892 333603B

Form 990 (2019)

1

2

5

	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net	3,983,323.	7	4,430,037.
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	0.	9	60,000.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,983,630.	16	4,490,344.
	17	Accounts payable and accrued expenses	0.	17	75,685.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	4,433,804.		<u>4,697,714.</u> 4,773,399.
	26	Total liabilities. Add lines 17 through 25	4,433,804.	26	4,773,399.
		Organizations that follow FASB ASC 958, check here 🕨 🛮			
čě		and complete lines 27, 28, 32, and 33.	450 454		
llan	27	Net assets without donor restrictions	-450,174.	27	-283,055.
Ba	28	Net assets with donor restrictions		28	
pun		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
5 0	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	-450,174.	32	-283,055.
	33	Total liabilities and net assets/fund balances	3,983,630.	33	4,490,344.
					Form 990 (2019)

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

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

(A) Beginning of year Cash - non-interest-bearing Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net

307.

1

2

3

4

5

(B) End of year

307.

932011 01-20-20

Form	1990 (2019) YES HOUSING OF ARIZONA, INC.	72-153	4324	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,84	
2	Total expenses (must equal Part IX, column (A), line 25)	2),85	
3	Revenue less expenses. Subtract line 2 from line 1	3		.,99	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-450		
5	Net unrealized gains (losses) on investments	5	162	2,12	<u>:0.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-283	, O 5	<u>;5.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	agn /	1010

Form **990** (2019)

SCHE	DUL	.E A
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	EZ)
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Nan	Name of the organization Employer identification number								
		YES	HOUSING OF	ARIZONA, INC				7	2-1534324
Pa	irt I	Reason for Public (Charity Status 🕡	All organizations must co	mplete th	is part.) Se	e instructions	5.	
The	organ	ization is not a private found							
1		A church, convention of ch			•		l)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative					i).		
4	\square	A medical research organization)(iii). Enter	the hospital's name,
		city, and state:	·					. ,	
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)	· ·	•	, ,			
6	\square	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					ne general r	oublic described in
		section 170(b)(1)(A)(vi). (C	-		J			- 3	
8	\square	A community trust describe		(1)(A)(vi). (Complete Part	11.)				
9	\square	An agricultural research org				ed in coniu	inction with a	land-grant	college
		or university or a non-land-g				-		-	-
		university:	, , ,			, ,	,	5	
10		An organization that norma	Ilv receives: (1) more	than 33 1/3% of its supr	ort from c	ontributio	ns. membersł	nip fees, an	d aross receipts from
		activities related to its exem							
		income and unrelated busir							
		See section 509(a)(2). (Cor		· · · · · · · · · · · · · · · · · · ·		•	, .		,
11		An organization organized a		vely to test for public saf	ety. See	section 50)9(a)(4).		
12		An organization organized a	-	•	•			rry out the	purposes of one or
		more publicly supported or	-	•				•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	anization operated, s	upervised, or controlled I	oy its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	me perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supportin	g organization operated i	n connect	ion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)). You must complete F	art IV, Se	ctions A,	D, and E.		
d		Type III non-functionally						ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distri	ibution rec	uirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v.		
е		Check this box if the orga	anization received a v	written determination from	n the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or							
f	Ente	er the number of supported o	organizations						
g	Prov	vide the following informatior	about the supporte	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota	al								
							1		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 YES HOUSING OF ARIZONA, INC. Part II Support Schedule for Organizations Described in Sections 170

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				250,000.		250,000.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3				250,000.		250,000.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						250,000.
Sec	ction B. Total Support		•	-	-		
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4				250,000.		250,000.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						0.5.0.0.0
11	Total support. Add lines 7 through 10						250,000.
	Gross receipts from related activities,		,			12	162,036.
13	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth	tax year as a sectior	n 501(c)(3)	. —
500	organization, check this box and stor ction C. Computation of Publi) here	contago				
				I			100.00 %
	Public support percentage for 2019 (I		•			14 15	100 00
	Public support percentage from 2018						
108	33 1/3% support test - 2019. If the c						N V
h	stop here. The organization qualifies 33 1/3% support test - 2018. If the organization qualifies 43 1/3% support test - 2018.		-		d line 15 is 22 1/20/		
U							
170	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				-	-	
Ŀ	meets the "facts-and-circumstances" 10% -facts-and-circumstances test						
0							
	more, and if the organization meets the organization meets the "facts-and-circ						
18	Private foundation. If the organization		-	-			
10	Trivate roundation. In the organizatio	T GIG HOL CHECK A		a, 100, 17a, 0117			00 or 990-EZ) 2019
					00110		

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 YES HOUSING OF ARIZONA, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
check this box and stop here	-				-	
Section C. Computation of Publi						
15 Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2019. If the					3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2018. If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
932023 09-25-19		,				0 or 990-EZ) 2019
		15	5			, · · · -

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^{2019.04030} YES HOUSING OF ARIZONA, I 333603B1

Schedule A (Form 990 or 990-EZ) 2019 YES HOUSING OF ARIZONA, INC.

Part IV Supporting Organizations

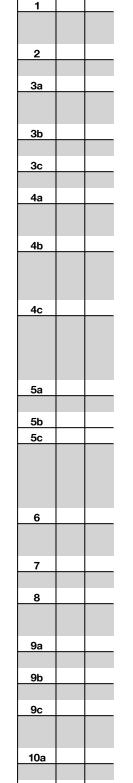
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes No

Schedule A (Form 990 or 990-EZ) 2019

10b

Schedule A (Form 990 or 990-EZ) 2019 YES HOUSING OF ARIZONA, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		.03	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec			Vee	Na
	Did the exercited provide to each of its supported exercited by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	uctions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		C 1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

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2019.04030 YES HOUSING OF ARIZONA, I 333603B1

Schedule A	(Form 990 or 990-EZ) 2019	YES	HOUSING	OF	ARIZONA,	INC.
Part V	Type III Non-Function	onally	Integrated 5	09(a)	(3) Supporting	g Organizations

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.

Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate		nization (see

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

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 YES HOUSING OF ARIZONA, INC.

Sectio	t V Type III Non-Functionally Integrated 509(on D - Distributions		(00/11/10/04)	Current Year
	Amounts paid to supported organizations to accomplish exer	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
	Amounts paid to acquire exempt-use assets		,	
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.	ie elgamination le responsite		
	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
<u> </u>		(i)	(ii)	(iii)
ectio	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019 YES	HOUSING OF	ARIZONA,	INC.	72-1534324 Page &
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 ar Section D, lines 5, 6, and 8; and P (See instructions.)	c, 4b, 4c, 5a, 6, 9a, 9b, nd 3; Part IV, Section E	, 9c, 11a, 11b, ar , lines 1c, 2a, 2b	nd 11c; Part IV, Secti , 3a, and 3b; Part V,	ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,
32028 09-25-1	9				Schedule A (Form 990 or 990-EZ) 201
			20		

SCHEDULE D Supr		Supplementa	al Financial Statements		OMB No. 1545-0047		
	n 990)	Complete if the org	Complete if the organization answered "Yes" on Form 990,				
Doport	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public			
	al Revenue Service		90 for instructions and the latest information	•	Inspection		
Nam	e of the organizat			Emplo	yer identification number		
De		YES HOUSING OF ARI			72-1534324		
Pa		-	d Funds or Other Similar Funds or A	ccounts	Complete if the		
	organizatio	on answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(h) Funds	and other accounts		
	Total number at a	and of yoor		(6) 1 0103			
1 2		nd of year of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5			writing that the assets held in donor advised fur	nds			
	-		exclusive legal control?		Yes No		
6			dvisors in writing that grant funds can be used				
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	rring			
_	impermissible priv	vate benefit?			Yes No		
Pa			ganization answered "Yes" on Form 990, Part I	/, line 7.			
1		servation easements held by the organization					
		n of land for public use (for example, recrea	,		•		
		of natural habitat	Preservation of a cer	tified histo	ric structure		
0		n of open space	find concernation contribution in the form of a c	oncorretion	a accoment on the last		
2	day of the tax yea		fied conservation contribution in the form of a c		eld at the End of the Tax Year		
а							
b		er of conservation easements					
c	•		ucture included in (a)	2b 2c			
d			after 7/25/06, and not on a historic structure				
	listed in the Natio	nal Register		2d			
3			eased, extinguished, or terminated by the orga	nization du	ring the tax		
	year 🕨						
4		where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·				
5	U U	ation have a written policy regarding the per					
•	,	forcement of the conservation easements it					
6		er nours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easeme	ents during the year		
7	Amount of expense		lling of violations, and enforcing conservation e	acomonte (during the year		
•	► \$	the mounted in monitoring, inspecting, half			adding the year		
8		rvation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(E	3)(i)			
	and section 170(h			, . ,	Yes No		
9	In Part XIII, descri		on easements in its revenue and expense state				
	balance sheet, an	d include, if applicable, the text of the footn	note to the organization's financial statements t	nat describ	es the		
-	organization's acc	counting for conservation easements.		<u></u>			
Pa			Art, Historical Treasures, or Other	Similar A	Assets.		
		if the organization answered "Yes" on Form					
1a	-		8, not to report in its revenue statement and ba				
			blic exhibition, education, or research in furthera	ance of put	טווכ		
b			ncial statements that describes these items. i8, to report in its revenue statement and baland	sheet w	orks of		
U	-		exhibition, education, or research in furtherand				
		ing amounts relating to these items:					
	-			► \$			
				. .			
2	If the organization		asures, or other similar assets for financial gain				

		the following amounts required to be reported under FASB ASC 958 relating to these items:						
		the following amounts required to be reported under 1 AOB AOB 500 relating to these item						
	а	Revenue included on Form 990, Part VIII, line 1						
_	b	Assets included in Form 990, Part X						

b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
932051	10-02-19

21 2019.04030 YES HOUSING OF ARIZONA, I 333603B1

\$ \$

Schedule D (Form 990) 2019

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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets _continued. 3 Using the organization's accurston, and other records, check any of the following that make significant use of its collection tens (check at that apply): a Diabiti childston b Scholarly research control ture generations d control ture devices at the apply: a b Scholarly research control ture generations d control ture devices at the apply: control ture devices at the apply interview container of at the torganization solution? Ves Note control ture devices at the apply interview container of the records check at the apply interview container of the researce, or other similar assets to be sold to receive donations of at thistorical treasure, or other similar assets to be sold to me the the distribution at the apply interview container of the researce or other answered "Yet" on Form 980, Part VX. estimation a many thrustee, curdical an orother the apply into 21. a Is the organization and part that the apply into 21. a Is the organization and part the same device at manual to records account liability? Yes on Form 980, Part X, III and complete the tollowing table: a Signing of year balance d d Additions during the year. d If the organization and part the apply in the	Sche	dule D (Form 990) 2019 YES HOU	SING OF AR	IZONA	, INC	•			72-15	3432	4 Pa	age 2
collection tems (check all that apply): a — Public schibtion b	Par	t III Organizations Maintaining C	Collections of Ar	t, Histor	rical Tre	easures, or	Other	⁻ Simila	r Assets	(contii	nued)	
a Public exhibition d □ can or exchange program b Scholarly research e Other	3	Using the organization's acquisition, accessi	ion, and other record	s, check a	ny of the	following that	make si	gnificant (use of its			
b Scholarly research c Preservation for future generations c Other c Preservation for future generations c Provide a description of the organization scolections and explain how they further the organization's exempt purpose in Part XII. c During the year, did the organization scolection? Part I Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part XI, Ine 5, or resported an amount on Form 990, Part X, Ine 21. c Beginning balance c Beginning balance c Beginning chart A? Description of the organization and explain how they further the organization answered 'Yes' on Form 990, Part X, Ine 21. c Beginning balance c Beginning balance c Beginning chart A? Description of the organization and explain how they further the organization and the		collection items (check all that apply):										
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b Buildings				nent)	basis	(other)	dep	oreciation				
c Leasehold improvements	1a											
d Equipment												
e Other												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
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Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 YES HOUSING OF ARIZONA, IN

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 15.)	
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)	LONG-TERM DEBT - AFFILIATES	2,995,762.
(3)	INVESTMENT IN YES OF AZ	1,701,952.
(4)		
(5)		
(6)		
(7)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 🚺

Schedule D (Form 990) 2019

►

4,697,714.

(8) (9)

Sche	edule D (Form 990) 2019 YES HOUSING OF ARIZONA,	INC.	72-1534324 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2 d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1		
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

WITH THE EXCEPTIONS OF THE PARTNERSHIPS, ALL ENTITIES OF YES AND YES
HOUSING OF ARIZONA ARE NON-PROFIT CORPORATIONS AND QUALIFY AS TAX-EXEMPT
ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC)
AND ARE CLASSIFIED AS OTHER THAN PRIVATE FOUNDATIONS. AS SUCH, THEIR
NORMAL ACTIVITIES DO NOT RESULT IN ANY INCOME TAX LIABILITY. YES DID NOT
INCUR ANY UNRELATED BUSINESS TAXABLE INCOME FOR THE YEARS ENDED DECEMBER
31, 2019 AND 2018. AS A RESULT, YES DID NOT RECOGNIZE FEDERAL AND STATE
INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018.

NEW LEAF COMMUNITY LLLP, UR 205 SILVER LLC, WILDEWOOD APARTMENTS LP,

BRENTWOOD GARDENS APARTMENTS LP, MONTANA MEADOWS APARTMENTS LP, LOS TRES 932054 10-02-19 24

Schedule D (Form 990) 2019 YES HOUSING OF ARIZONA, INC.	72-1534324 Page 5
Part XIII Supplemental Information (continued)	
APARTMENTS LP, GALLUP SUNSET HILLS LLLP, VISTA GRANDE APARTM	IENTS LP, APPLE
RIDGE APARTMENTS LP, BELLA VISTA TOWNHOMES LP, MESA DEL NORT	'E APARTMENTS
LLLP, YES DEMING MOUNTAIN VIEW APARTMENTS LLLP, ROSWELL SUMM	IIT APARTMENTS
LP, SOLAR VILLA APARTMENTS LP LLLP, YES LA HACIENDA LLC, OTE	RO VILLAGE
APARTMENTS LP, NEUVO ATRISCO APARTMENTS LP LLLP, AND SKYVIEW	I TERRACE LP
LLLP AS PARTNERSHIPS, ARE NOT SUBJECT TO FEDERAL INCOME TAX.	THE PARTNERS
SEPARATELY ACCOUNT FOR THEIR PRO-RATA SHARE OF THE PARTNERSE	IIPS' ITEMS OF
INCOME, DEDUCTIONS, LOSSES, AND CREDITS. THEREFORE, NO PROVI	SION IS MADE
IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS FOR LI	ABILITIES FOR
FEDERAL, STATE OR LOCAL INCOME TAXES SINCE SUCH LIABILITIES	ARE THE
RESPONSIBILITY OF THE INDIVIDUAL PARTNERS.	

YES WOULD RECOGNIZE ACCRUED INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. THERE WAS NO SUCH INTEREST OR PENALTIES RECORDED FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018.

YES FILES INFORMATIONAL TAX RETURNS AS PRESCRIBED BY THE TAX LAWS OF THE JURISDICTIONS IN WHICH IT OPERATES. IN THE NORMAL COURSE OF BUSINESS, YES IS SUBJECT TO EXAMINATION BY FEDERAL, STATE, LOCAL AND FOREIGN JURISDICTIONS, WHERE APPLICABLE.

Schedule D (Form 990) 2019

932055 10-02-19

SC	SCHEDULE J Compensation Information			OMB No. 1	545-004	17	
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			Γ	2019		
-		C	compensated Employees		ZU	IJ)
Deres			on answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.		Open to	Publi	ic
	rtment of the Treasury al Revenue Service		m990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization			Employer i			nber
		HOUSING OF A	ARIZONA, INC.	72-1	534324	4	
Pa	rt I Questions Regarding	Compensation					
						Yes	No
1a	Check the appropriate box(es) if th	e organization provided	any of the following to or for a person listed on Form	990,			
	Part VII, Section A, line 1a. Comple	ete Part III to provide any	relevant information regarding these items.				
	First-class or charter travel		Housing allowance or residence for persor	nal use			
	Travel for companions		Payments for business use of personal res				
	Tax indemnification and gross		Health or social club dues or initiation fees				
	Discretionary spending account	int	Personal services (such as maid, chauffeu	r, chef)			
_							
b	•	-	ation follow a written policy regarding payment or				
•	•	•			1 b		
2	•	-	sing or allowing expenses incurred by all directors,				
	trustees, and officers, including the	3 GEO/Executive Directo	r, regarding the items checked on line 1a?		2		
2	Indicate which if any of the follow	ing the execution use	d to actablish the componentian of the eventiation's				
3		v v	d to establish the compensation of the organization's				
	establish compensation of the CEC		k any boxes for methods used by a related organization to a set the set of				
	Compensation committee	»Executive Director, Dut	Written employment contract				
	Independent compensation c	onsultant	Compensation survey or study				
	Form 990 of other organization		Approval by the board or compensation of	ommittee			
				Shiringtoo			
4	During the year, did any person list	ted on Form 990. Part VI	I, Section A, line 1a, with respect to the filing				
	organization or a related organizati		·, · · · , ···· · · -, · · · ·				
а	Receive a severance payment or cl		nt?		4a		X
b			nqualified retirement plan?				Х
с	Participate in, or receive payment f	rom, an equity-based co	mpensation arrangement?		4c		X
	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) organiza	itions must complete lines 5-9.				
5	For persons listed on Form 990, Pa	art VII, Section A, line 1a	, did the organization pay or accrue any compensation	n			
	contingent on the revenues of:						
							X
b					5 b		x
	If "Yes" on line 5a or 5b, describe i						
6	-	art VII, Section A, line 1a	, did the organization pay or accrue any compensation	n			
	contingent on the net earnings of:						37
							X X
b					6b		
-	If "Yes" on line 6a or 6b, describe i						
1	-		, did the organization provide any nonfixed payments		-		x
~					7		
8			accrued pursuant to a contract that was subject to th				x
٥			53.4958-4(a)(3)? If "Yes," describe in Part III		8		
9			table presumption procedure described in		9		
	For Paperwork Reduction Act N		ons for Form 990		9 ule J (Forn	0001	2010
∟ПА	i of Faper work neuronon Act N			Sched	ale o (Forn	1 990)	2019

Schedule J (Form 990) 2019

72-1534324

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) AUGUSTINE C BACA	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/CEO	(ii)	211,514.	0.	12,180.	39,844.	25,095.	288,633.	0.
(2) MICHELLE DENBLEYKER	(i)	0.	0.	0.	0.	0.	0.	0.
SVP OF DEVELOPMENT	(ii)	147,511.	0.	967.	14,627.	32,201.	195,306.	0.
(3) HOLLY M BARELA	(i)	0.	0.	0.	0.	0.	0.	0.
SVP/CFO/COO-SECRETARY/TREASURER	(ii)	137,044.	0.	3,681.	27,192.	18,627.	186,544.	0.
(4) JOSEPH R ORTEGA	(i)	0.	0.	0.	0.	0.	0.	0.
SVP OF DEVELOPMENT	(ii)	152,631.	0.	5,402.	22,931.	25,095.	206,059.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

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.

FORM 990, SCHEDULE J- PART I, LINE 3

THE OFFICERS LISTED ARE COMPENSATED BY YES HOUSING, INC., A RELATED

TAX-EXEMPT ORGANIZATION. YES HOUSING, INC. CHECKS THE FOLLOWING BOXES

ON ITS SCHEDULE J - COMPENSATION COMMITTEE - FORM 990 OF OTHER

ORGANIZATIONS - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR

COMPENSATION COMMITTEE.

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 72 - 1534324

YES HOUSING OF ARIZONA, INC.

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

ONE VOTING MEMBER IS PRESIDENT/CEO/COO OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION UPDATED ITS BYLAWS IN ACCORDANCE WITH STATE REQUIREMENTS

AND TO MAKE THEM SIMILAR TO THE PARENT ORGNIZATION.

THE AMENDED BYLAWS ADDED THE FOLLOWING AS ONE OF THE ORGANIZATION'S

PURPOSES: "TO DO ALL AND EVERYTHING NECESSARY, SUITABLE AND PROPER FOR THE

ACCOMPLISHMENT OF ANY OF THE PURPOSES OR THE ATTAINMENT OF ANY OF THE

OBJECTS OR THE FURTHERANCE OF ANY OF THE POWERS EARLIER SET FORTH, EITHER

ALONE OR IN ASSOCIATION WITH OTHER CORPORATIONS, FIRMS OR INDIVIDUALS, AND

TO DO EVERY OTHER ACT OR ACTS, THING OR THINGS, INCIDENTAL OR APPURTENANT

TO OR GROWING OUT OF OR CONNECTED WITH THE AFORESAID OBJECTS OR PURPOSES OF

ANY PART OR PARTS THEROF, PROVIDED THE SAME ARE NOT INCONSISTENT WITH THE

LAWS UNDER WHICH THE CORPORATION IS ORGANIZED."

THE AMENDED BYLAWS WERE ALSO CHANGED TO ADD A CHAIRPERSON AND VICE

CHAIRPERSON AS OFFICERS OF THE BOARD; TO ADDRESS THE TEMPORARY ABSENCE OF

THE PRESIDENT; AND TO ALLOW FOR MEETINGS TO BE HELD BY TELEPHONE CONFERENCE

CALL OR OTHER SIMILAR TELECOMMUNICATIONS EQUIPMENT.

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

THE FORM 990 IS REVIEWED IN DETAIL BY THE SENIOR VICE PRESIDENT/CFO/COO.

ONCE APPROVED, A COMPLETE COPY OF THE FORM 990 IS SENT TO THE BOARD FOR

REVIEW PRIOR TO FILING.

FORM	990,	PART	VI,	SECTION	в,	LINE	12C:	
------	------	------	-----	---------	----	------	------	--

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

29

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization YES HOUSING OF ARIZONA, INC.	Employer identification number $72 - 1534324$
A CONFLICT OF INTEREST STATEMENT IS SIGNED BY EACH MEMBER	OF THE BOARD,
OFFICERS, AND KEY EMPLOYEES EVERY YEAR. THE STATEMENT EXP	LAINS THE TERMS
AND ASKS FOR DETAILS REGARDING ANY CONFLICT. IF A CONFLICT	ARISES WHICH
RELATES TO AN EMPLOYEE, IT IS REVIEWED BY THE CEO AND THEN	IS PRESENTED TO
THE INDEPENDENT MEMBERS OF THE BOARD IF NECESSARY. IF A CO	NFLICT ARISES
WHICH RELATES TO A BOARD MEMBER, IT IS REVIEWED BY THE CHA	IRMAN OF THE
BOARD AND THEN PRESENTED TO THE INDEPENDENT MEMBERS OF THE	BOARD, IF
NECESSARY. A PERSON WITH A CONFLICT IS NOT ALLOWED TO VOTE	ON SUCH
TRANSACTIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY, AND

MOST RECENT AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE

ORGANIZATION'S WEBSITE, WWW.YESHOUSING.ORG, AND ARE ALSO MADE AVAILABLE

UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2019)

932212 09-06-19

SCH	EDULE	R
	1	

(Form 990)

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.

OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number

72-1534324

Department of the Treasury Internal Revenue Service

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

Name of the organization

YES HOUSING OF ARIZONA, INC.

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	nd EIN (if applicable) Primary activity		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NEW FRONTIER SENIOR LIVING LLC/ DBA NEW					
FRONTIER FAMILY LIVING - 81-4350105, 901					YES HOUSING OF ARIZONA,
PENNSYLVANIA ST. NE, ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	ARIZONA	٥.	٥.	INC.
NEW FRONTIER MM LLC - 81-4371343					
901 PENNSYLVANIA ST. NE					YES HOUSING OF ARIZONA,
ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	ARIZONA	0.	0.	INC.
	-				

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	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
YES HOUSING, INC - 85-0388252							
901 PENNSYLVANIA ST. NE							
ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	501(C)(3)	LINE 7	N/A		Х
	-						
	-						
	-						

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

Schedule R (Form 990) 2019

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.

		,	1						T		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	l) (ł	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
LOS TRES APARTMENTS, LP -											
87-0744393, 901 PENNSYLVANIA											
ST. NE, ALBUQUERQUE, NM	AFFORDABLE		YES LOS TRES								
87110	HOUSING	AZ	LLC	RELATED	313,490.	7,210,952.		x	N/A	X	.01%
YES LOS TRES LLC - 20-2786022											
901 PENNSYLVANIA ST. NE	AFFORDABLE		YES OF								
ALBUQUERQUE, NM 87110	HOUSING	AZ	ARIZONA, LLC	RELATED	219,443.	3,427,578.		x	N/A	X	70.00%

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	(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	512(cont	tion b)(13) rolled tity?
		country)						Yes	No
YES OF ARIZONA, LLC - 20-4086794	-								
901 PENNSYLVANIA ST. NE			YES HOUSING OF						
ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	AZ	ARIZONA, INC.	C CORP	219,443.	657.	100%	X	
	-								
	-								
	-								

Schedule R (Form 990) 2019 YES HOUSING OF ARIZONA, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
S	Other transfer of cash or property from related organization(s)	1s	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)				
<u>(2)</u>				
(3)				
(4)				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2019 YES HOUSING OF ARIZONA, INC.

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	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	e) : all rs sec. c)(3) s.?	(f) Share of total		(h Dispr tior allocat	n) opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	l or Pero	(k) rcentage /nership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	10	
												+	

Schedule R (Form 990) 2019

YES HOUSING OF ARIZONA, INC. 72-1534324 Page 5

Part VII Supplemental Information

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

Schedule R (Form 990) 2019

932165 09-10-19

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ictions.		Тахрауе	Taxpayer identification number (TIN)		
print	YES HOUSING OF ARIZONA, INC	r			72-153	81301	
File by the due date for filing your			ions.		/ <u>Z</u> -IJ.	<u>J4J24</u>	
return. See instructions		oreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	e application for each return)				
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	D-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99)-PF	04	Form 5227			10	
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	D-T (trust other than above) HOLLY BARELA	06	Form 8870			12	
● If this box ▶ 1 I re the ▶	organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the org. X calendar year 2019 or tax year beginning he tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta NOVEM anization's , an	mption Number (GEN), . ch a list with the names and TINs of <u>IBER 16, 2020</u> , to file return for: d ending	If this is fo all memb	r the whole g ers the extens npt organizati 	roup, check this sion is for.	
	his application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.	
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			0.	
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b						
	lance due. Subtract line 3b from line 3a. Include your pa					0	
	ing EFTPS (Electronic Federal Tax Payment System). See			30	\$	0.	
Caution: instruction	: If you are going to make an electronic funds withdrawal ons.	(direct deb	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879	EO for payment	
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 8	868 (Rev. 1-2020)	