

T (505) 878-7200 F (505) 878-7282

6565 Americas Parkway NE Suite 600 Albuquerque, NM 87110

November 11, 2021

MOSSADAMS

Yes Housing of Arizona, Inc. 901 Pennsylvania St. NE Albuquerque, NM 87110 Attention: Holly Barela, Senior VP/CFO/COO

Dear Ms. Barela:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2021.

We have prepared the returns from information you provided to us without verification in accordance with the terms of the Master Services Agreement (MSA) and Statement of Work that we have in place with you. In addition, we have relied on you to alert us if you participated in any "reportable transaction," including a "listed transaction" or a "transaction of interest" as defined in IRC Section 6011, Treasury Reg. Section 1.6011-4 and other related IRS Rulings/Notices. Please contact us if you have engaged in any such transaction, or substantially similar transaction, or in a listed transaction as identified by any state in which you conduct business.

Upon examination of the returns by taxing authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

The last few years have seen significant legislative changes impacting all taxpayers. While the IRS, Treasury Department, and state taxing authorities have issued some guidance, questions remain. We've prepared your return using published guidance to date, but it is subject to change as additional guidance becomes available. Importantly, the current tax environment, including the potential for guidance to be issued with retroactive applicability, could increase your risk of penalties and the likelihood you may want or need to file amended returns.

We appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns or if we may be of further assistance.

Sincerely,

Pamela Alexanderson for Moss Adams LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2020

Prepared For:

Yes Housing of Arizona, Inc. 901 Pennsylvania St. NE Albuquerque, NM 87110

Prepared By:

Moss Adams LLP 6565 Americas Parkway NE Ste 600 Albuquerque, NM 87110

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2021

Form	8879-E	0
Form		U

IRS e-file Signature Authorization for an Exempt Organization

Depar	ment of the Treasury
Interna	I Revenue Service

For calendar year 2020, or fiscal year beginning , 2020, 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 or person subject to tax

72-1534324

Taxpayer identification number

20

YES H	OUSING	OF.	ARIZONA,	INC.	
Name and	title of officer o	r perso	on subject to tax		

HOLLY M. BARELA PRESIDENT/CEO

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

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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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	Tot	al revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	841,165.
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	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b	
<u>7a</u>	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b	
	art II Declaration and Cia		hurs Authorization of Officer or Dereen Subject to Tex		

Declaration and Signature Authorization of Officer or Person Subject to Tax Part II

Under penalties of perjury, I declare that	X I am an officer of the above organization or		am a person subject to tax with respect to
(name of organization)		, (EIN)	and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 account indicated in the tax preparation software for payment of the federal taxes owed on this return, and 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only

X I authorize MOSS ADAMS LLP	to enter my PIN 11111
ERO firm name	Enter five numbers, bu do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax	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 2 that I am submitting this return in accordance with the requirements of Pub. 4 IRS <i>e-file</i> Providers for Business Returns.	2020 electronically filed return indicated above. I confirm
ERO's signature 🕨	Date 11/11/21
ERO Must Retain This Fo	rm - See Instructions
Do Not Submit This Form to the IR	S Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

023051 11-03-20

Form 8879-EO (2020)

YES HOUSING OF ARIZONA, INC. 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

HalalahdhllaanHlladhaadhladhlad

(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	ype or Name of exempt organization or other filer, see instructions. Tax					umber (TIN)
print	VEC HOUCTNO OF ADIZONA INC				72-1534	224
File by the						524
filing your 901 PENNSYLVANTA ST. NE						
return. See						
	ALBUQUERQUE, NM 87110					
Enter the	e Return Code for the return that this application is for (fil	e a separat	te application for each return)			0 1
Applicat	ion		Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
 If this box 1 I reaction the 	equest an automatic 6-month extension of time until e organization named above. The extension is for the org $\boxed{\mathbf{X}}$ calendar year 2020 or	Group Exe and atta NOVEM anization's , an	mption Number (GEN) .ch a list with the names and TINs of <u>MBER 15, 2021</u> , to file return for: d ending	If this is fo all memb	r the whole grou ers the extensio npt organization 	n 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.
	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter anv	refundable credits and		- T	
	timated tax payments made. Include any prior year over			3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by			
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Caution instruction	: If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879-EC) for payment
LHA I	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 886	B (Rev. 1-2020)

023841 04-01-20

Form	990
FOUL	JJU

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2021

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	OF UN	a 2020 calendar year, or tax year beginning and	ending		
B C a	heck if pplicabl	c Name of organization	D Employer identified	cation number	
	Addre] chang Name	e YES HOUSING OF ARIZONA, INC.			
	chang		72-1534324		
	Initial		Room/suite	E Telephone number	
	Final	901 PENNSYLVANIA ST. NE		505-923-9	
	termir ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	841,165.
	Amen	ALBOQUERQUE, NM 8/110		H(a) Is this a group re	turn
	Applic distance	F Name and address of principal officer: AUGUSTINE C. BACA		for subordinates	? Yes 🔀 No
	pendi	⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u>I</u> T	ax-ex	empt status: 🚺 501(c)(3) 🔲 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
J۷	Vebsi [.]	te: NWW.YESHOUSING.ORG		H(c) Group exemption	n number 🕨
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year	of formation: 2002 N	State of legal domicile: AZ
Pa	nrt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: DEVEI	LOPMEN	T OF AFFORDA	ABLE
nce		HOUSING FOR YOUTH AND FAMILIES IN ARIZONA	•		
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
love	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)	4	2	
s S		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		0	
<i>i</i> tie		Total number of volunteers (estimate if necessary)			2
Activities &				7a	0.
◄	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		0.	0.
nu	9	Program service revenue (Part VIII, line 2g)		0.	581,883.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	15,793.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,849.	243,489.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		45,849.	841,165.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		40,850.	110,005.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		40,850.	110,005.
		Revenue less expenses. Subtract line 18 from line 12		4,999.	731,160.
or				ginning of Current Year	End of Year
Net Assets Fund Balanc	20	Total assets (Part X, line 16)		4,490,344.	4,017,689.
Ass J Ba	21	Total liabilities (Part X, line 26)		4,773,399.	3,380,424.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		-283,055.	637,265.
Pa	rt II	Signature Block	I	<i>i</i> - 1	•

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.

	a O'succ		111921					
Sign	Signature of officer		Date					
Here	AUGUSTINE C. BACA, PRE	SIDENT/CEO						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	PAMELA ALEXANDERSON	PAMELA ALEXANDERSON	11/11/21 self-employed P01218925					
Preparer	Firm's name 🕨 MOSS ADAMS LLP		Firm's EIN ▶ 91-0189318					
Use Only	Firm's address 5565 AMERICAS PA	RKWAY NE STE 600						
	ALBUQUERQUE, NM	87110	Phone no. 505-878-7200					
May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

Form	990 (2020) YES HOUSING OF ARIZONA, INC.	72-1534324 Page 2
	rt III Statement of Program Service Accomplishments	· _ · _ · _ · _ · _ · _ · _ · _
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	DEVELOPMENT OF AFFORDABLE HOUSING FOR YOUTH AND FAMILIES	TN ARTZONA.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 🔀 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 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 r	neasured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
		s, the total expenses, and
	revenue, if any, for each program service reported.	
4a		,
	DEVELOPMENT OF AFFORDABLE HOUSING: RECEIVED A TAX CREDIT	
	A 72-UNIT AFFORDABLE HOUSING DEVELOPMENT IN PHOENIX, AZ,	
	AND INDIVIDUALS. CONSTRUCTION BEGAN IN 2020 AND WAS COMPI	LETED IN
	SEPTEMBER 2021.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ue\$)
	() (, ,
	· · · · · · · · · · · · · · · · · · ·	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	ue\$)
4d	Other program services (Describe on Schedule O.)	
ти)
A ::	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 107,035.)
4e	Total program service expenses 107,035.	
		Form 990 (2020)
032002	2 12-23-20	
	4	

09231111 146892 333603B

2020.05000 YES HOUSING OF ARIZONA, I 333603B1

Form	990	(2020)

 Form 990 (2020)
 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		•		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			
u	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes, "			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	
)32003	3 12-23-20	⊦orm	320	(2020)

032003 12-23-20

2020.05000 YES HOUSING OF ARIZONA, I 333603B1

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Form	990	(2020)
FUIII	330	120201

 Form 990 (2020)
 YES HOUSING OF ARIZONA, INC.
 72-1534324
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			
	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%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
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		Х
	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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01		34	х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		I
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3		.03	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	
032004	1 12-23-20			(2020)
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Form	990 (2020) YES HOUSING OF ARIZONA, INC. 72-153	4324	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.10		
.5	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the examination on educational institution subject to the section 4069 succes tay on not investment income?	16		x
	is the organization an educational institution subject to the section 4966 excise tax on het investment income?		-	

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If "Yes," complete Form 4720, Schedule O.

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YES HOUSING OF ARIZONA, INC.

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

										Χ	

						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						X
	officer, director, trustee, or key employee?				2		
	Did the organization delegate control over management duties customarily performed by or under the						- -
					3		X
	Did the organization make any significant changes to its governing documents since the prior Form 99				4		X
	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
	Did the organization have members or stockholders?				6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or app				7a		x
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				10		- 23
							x
	persons other than the governing body?				7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	5	Ũ			v	
	The governing body?				<u>8a</u>	X	
	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 reach				1		
	organization's mailing address? If "Yes, " provide the names and addresses on Schedule O			<u></u>	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue (<u>Code.)</u>				
						Yes	
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	• •					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the	form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," de	scribe				
	in Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
	Did the organization have a written document retention and destruction policy?				14	Х	
	Did the process for determining compensation of the following persons include a review and approval						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-				
а	The organization's CEO, Executive Director, or top management official				15a		Х
	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).						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent wi [.]	th a				
	taxable entity during the year?				16a	Х	
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	-					
	exempt status with respect to such arrangements?				16b	Х	
	ion C. Disclosure						
	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, and	d 990-	T (Section	501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		1-00001	(5)(5)			
	X Own website Another's website X Upon request Other (explain deliver)	on Sci	hadula ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	olicy an	d finan	cial	
	statements available to the public during the tax year.		intoroot p	, snoy, and			
		s and	records	▶			
20	State the name, address, and telephone number of the person who possesses the organization's book						
20	HOLLY BARELA - 505-923-9606						
20						1 990	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

YES HOUSING OF ARIZONA, INC.

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.

Form 990 (2020)

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

(A) Name and title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per	box	, unle	ss pei	rson i	than of that is both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer D	Key employee	Highest compensated snut/.uc		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) AUGUSTINE C BACA	5.00	드	드	6	ž	E E	F			
PRESIDENT/CEO	45.00	Х		Х				0.	223,814.	65,469.
(2) MICHELLE DENBLEYKER	5.00									
BOARD MEMBER	45.00	Х		Х				0.	150,196.	60,734.
(3) HOLLY M BARELA	5.00									
SECRETARY/TREASURER	45.00	Х		X		\square		0.	154,299.	50,379.
(4) JOSEPH R ORTEGA	5.00									
SVP OF DEVELOPMENT (THRU JUNE 2020)	45.00			X		-		0.	109,767.	25,976.
(5) DR BEVERLEE MCCLURE	0.20									
CHAIR (C) INFERIOR CURVES	0.50	Х		X				0.	0.	0.
(6) LAWRENCE CHAVEZ	0.20	v							0	
VICE CHAIR	0.50	Х		X		-		0.	0.	0.
		1								
		1								
		1								
		1								
	+	-		-		\vdash				<u> </u>
		-								
						\vdash				
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	990 (2020) YES HOUSI	NG OF A	RI	ZO	NA		IN	Ċ.		72-15	<u>3432</u>	24	Pa	ıge 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck i	more	than o s both		Reportable compensation	Reportable compensation			mate ount c	
		week					s bou pr/trus		from	from related			ther	
		(list any	ector						the	organizations		comp		
		hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	·	froi orgar	n the	
		organizations	truste	al trus		yee	mpen		(00-2/1033-10130)			and		
		below	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organ	izatic	ons
		line)	Indi	Inst	Offi	Key	e ^m i	For			-+			
			•											
											-			
											+			
									0	C20 07				- 0
	Subtotal								0.	638,07	<u>6.</u> 0.	202	, 55	<u>0.</u>
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.	638,07	-	202	. 55	
2	Total number of individuals (including but no							o re			<u> 1 -</u>		1	
	compensation from the organization													0
)	/es	No
3	Did the organization list any former officer,	-		-	•	-		Ŭ				~		х
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su											3		<u> </u>
-	and related organizations greater than \$150											4	x	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ich r	oers	on .					5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	ensatio	n fron	ר	
	(A) Name and business			ONE					(B) Description of s		Cor	(C)		,
		address	INC		5				Description of s			npena	alloi	1
								_						
2	Total number of independent contractors (ir		ot lin	nitec	d to t	-		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				(J							

Form **990** (2020)

032008 12-23-20

		(2020) YES HOUSING O	F ARIZONA	A, INC.		72-1534	324 Page 9
Pa	rt VI	I Statement of Revenue					
		Check if Schedule O contains a response	or note to any line		(P)	(0)	
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total Tovolido		business revenue	from tax under
							sections 512 - 514
ts t	1 a	Federated campaigns 1a					
our	k						
Ű,	6	Fundraising events 1c					
ar /							
ي ان	e	Government grants (contributions)					
ŝ	f	All other contributions, gifts, grants, and					
her		similar amounts not included above 1f					
ĢĘ		Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Total. Add lines 1a-1f					
0.0			Business Code				
•	2 8	DEVELOPMENT FEES	900099	581,883.	581,883.		
jč.	24		500055	301/0031	301,0031		
ue,	L L						
ε μ ε	Ċ						
Be							
Program Service Revenue	e						
α.	f	All other program service revenue		F01 000			
	ç			581,883.			
	3	Investment income (including dividends, intere		15 500			1 5 500
		other similar amounts)		15,793.			15,793.
	4	Income from investment of tax-exempt bond p	oroceeds 🕨 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
		Net rental income or (loss)	►				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
ē		and sales expenses 7b					
venue		Gain or (loss) 7c					
a)		Net gain or (loss)					
Other R		Gross income from fundraising events (not					
Ę	0.	including \$ of					
0		contributions reported on line 1c). See					
		Part IV, line 18 8a Less: direct expenses 8b					
	k						
		 Net income or (loss) from fundraising events Gross income from gaming activities. See 					
	98						
	.	Part IV, line 19 9a					
	k						
		Net income or (loss) from gaming activities	▶				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold					
	6	Net income or (loss) from sales of inventory					
s			Business Code				
e šou	11 a	REIMBURSEMENT FOR PROG	900099	243,489.	243,489.		
scellaneo Revenue	k						
e selle	c						
Miscellaneous Revenue	6	All other revenue					
2		Total. Add lines 11a-11d		243,489.			
	12	Total revenue. See instructions		841,165.	825,372.	0.	15,793.
03200	9 12-2	3-20					Form 990 (2020)

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 Form 990 (2020)
 YES HOUSING OF ARIZONA, INC.

 Part IX
 Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	65.		65.	
	Accounting	2,515.		2,515.	
	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.)	106,636.	106,636.		
12	Advertising and promotion				
13	Office expenses	36.		36.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	133.	121.	12.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEMBERSHIP AND LICENSE	620.	278.	342.	
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	110,005.	107,035.	2,970.	0
26	Joint costs. Complete this line only if the organization	,,			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fifth following SOP 98-2 (ASC 958-720)				

12

032010 12-23-20

Form 990 (2020)

09231111 146892 333603B

Net

32

33

-283,055.

4,490,344.

32

33

637,265.

Form **990** (2020)

4,017,689.

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		307.	1	1,027.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or			-	
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disgualif			-	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
ú	7	Notes and loans receivable, net		4,430,037.	7	4,006,662.
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		60,000.	9	10,000.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			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 equa		4,490,344.	16	4,017,689.
	17	Accounts payable and accrued expenses		75,685.	17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or form	ier officer, director,			
liti		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
Liabilities		controlled entity or family member of any of thes			22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, page	-			
		parties, and other liabilities not included on lines	17-24). Complete Part X	4 607 714		2 200 424
		of Schedule D		4,697,714.	25	3,380,424. 3,380,424.
	26	Total liabilities. Add lines 17 through 25	· ·	4,773,399.	26	3,380,424.
ŝ		Organizations that follow FASB ASC 958, che	ck here 🕨 🔽			
nce	07	and complete lines 27, 28, 32, and 33.		-283 055	07	637,265.
alaı	27			-283,055.	27	037,203.
d B	28		50 ahaali harra 🔊 🔽		28	
Ľ.		Organizations that do not follow FASB ASC 9	58, check here 🕨 🛄			
et Assets or Fund Balances	20	and complete lines 29 through 33.			29	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq			<u>29</u> 30	
SS	30 31	Retained earnings, endowment, accumulated inc			<u>30</u> 31	
∋t⊅	20	Tetal pet eacets or fund belances	come, or other funds	-283 055	31	637 265

YES HOUSING OF ARIZONA, INC.

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

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Form 990 (2020) Part X Balance Sheet

Form	1990 (2020) YES HOUSING OF ARIZONA, INC.	72-153	4324	Pag	_{ge} 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	841		
2	Total expenses (must equal Part IX, column (A), line 25)	2	110		
3	Revenue less expenses. Subtract line 2 from line 1	3	731	.,10	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-283		
5	Net unrealized gains (losses) on investments	5	189	,10	<u>50.</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	637	,20	<u>65.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	0.			
2a			. 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				
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
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			37
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3 b		(0000)

Form **990** (2020)

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

(Form	990	or	990-E2	Z)
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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
	2020
	Open to Public Inspection
Employer	identification number

Т

Name of the	organization
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Nan	-										
De									2-1534324		
Pa		Reason for Public C					ee instruction	IS.			
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).)									
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that normal	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	i x) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g									
		university:						-			
10		An organization that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem									
		income and unrelated busir									
		See section 509(a)(2). (Cor									
11	\square	An organization organized a		velv to test for public sat	etv. See	section 50)9(a)(4).				
12	\square	An organization organized a	-	•	•			rrv out the	purposes of one or		
		more publicly supported or		•	-			-			
		lines 12a through 12d that									
а		Type I. A supporting orga	• •					-	nivina		
u	L	the supported organizatio	-		• • • •	-					
		organization. You must c			majonty c				ipporting		
b		Type II. A supporting organization.			ion with it	e cupporto	d organizatio	n(c) by bay	ina		
U			-				-		-		
		control or management or organization(s). You mus			ane perso	115 11121 00		ge the supp	Jonted		
		Type III functionally inte			in connoct	ion with		lly intograta	d with		
С				•••				iy integrate	u with,		
ا م		its supported organization		-				tod organi-	votion(a)		
d		J Type III non-functionally		• •				-			
		that is not functionally int			•			i an allentiv	eness		
		requirement (see instructi									
е		Check this box if the orga					турет, туре	II, Type III			
		functionally integrated, or		nally integrated supporting	ng organiz	ation.					
		er the number of supported o	•	-1							
g		vide the following information i) Name of supported	i about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other		
	``	organization	(,	(described on lines 1-10		ng document?	support (see ir	-	support (see instructions)		
		•		above (see instructions))	Yes	No					
.											
Tota					000 57	0007-7			m 000 er 000 E3\ 0000		
LHA	r or F	Paperwork Reduction Act N	iouce, see the instri	uctions for Form 990 or	990-EZ.	032021 01-	25-21 Scne	uule A (FOr	m 990 or 990-EZ) 2020		

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2020.05000 YES HOUSING OF ARIZONA, I 333603B1

Schedule A (Form 990 or 990 EZ) 2020 YES HOUSING OF ARIZONA, INC. Part II Support Schedule for Organizations Described in Sections 170

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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					15,793.	15,793.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						265,793.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	987,408.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third	, fourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage			<u> </u>	
	Public support percentage for 2020 (I					14	94.06 %
	Public support percentage from 2019						100.00 %
16 a	33 1/3% support test - 2020. If the o				4 is 33 1/3% or n	nore, check this boy	
	stop here. The organization qualifies	. ,	•				
b	33 1/3% support test - 2019. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check thi	s box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported or	ganization		▶∟
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on line	13, 16a, 16b, or	17a, and line 15 is [.]	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17b	, check this box a	ind see instructions	; >
					Sch	edule A (Form 990	or 990-EZ) 2020

032022 01-25-21

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Schedule A (Form 990 or 990-EZ) 2020 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
check this box and stop here						
Section C. Computation of Publi						
15 Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2020. If the					33 1/3%, and line 1	
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2019. If the						ind
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
032023 01-25-21		, · ·			edule A (Form 990) or 990-EZ) 2020
		17	1			,

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^{2020.05000} YES HOUSING OF ARIZONA, I 333603B1

Schedule A (Form 990 or 990-EZ) 2020 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 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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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Yes No

Schedule A (Form 990 or 990-EZ) 2020

10a

10b

2020.05000 YES HOUSING OF ARIZONA, I 333603B1

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Schedule A (Form 990 or 990-EZ) 2020 YES HOUSING OF ARIZONA, INC.

Pa	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
С	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	more direct effect	the governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	•	pred organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	\prime how providing such benefit carried out the purposes of the supported organization(s) that operated,			
-	super	vised, 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 the supported organization(s).

Section D	. All Type III	Supporting	Organizations

	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that	the organization used to sat	isfy the Integral Part Tes	t during the vear	(see instructions).
	Check the box hext to the method that	the organization used to sat	isiy the medra Part Tes	l during the year	(see man uc

- a 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	\square	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described in line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

Part V	Type III Non-Fun	ctionally	Integrated 5	09(a)	(3) Supportir	ng Organizations
Schedule A	(Form 990 or 990-EZ) 2	020 YES	HOUSING	OF	ARIZONA,	INC.

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectio	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			
	Other expenses (see instructions)	7			
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	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):				
	Acquisition indebtedness applicable to non-exempt-use assets	2			
	Subtract line 2 from line 1d.	3			
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
	Multiply line 5 by 0.035.	6			
	Recoveries of prior-year distributions	7			
	Minimum Asset Amount (add line 7 to line 6)	8			
	on C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
	Enter greater of line 2 or line 3.	4			
	Income tax imposed in prior year	5			
	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	lly integrator		-	

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) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 YES HOUSING OF ARIZONA, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-			_	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

<u>Schedule A</u>	(Form 990 or 990-EZ) 2020 YES	HOUSING OF	ARIZONA,	INC.	72-1534324 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3	 Provide the explana c, 4b, 4c, 5a, 6, 9a, 9b nd 3; Part IV, Section E 	tions required by , 9c, 11a, 11b, ar E, lines 1c, 2a, 2b	Part II, line 10; Par nd 11c; Part IV, Se , 3a, and 3b; Part '	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V,
032028 01-25-2	1				Schedule A (Form 990 or 990-EZ) 2020
002020 01-20-2			22		

09231111 146892 333603B

2020.05000 YES HOUSING OF ARIZONA, I 333603B1

SC	HEDULE D	Supplementa	al Financial	Statement	S		OMB No. 1545-0047
(Form 990) Complete if the organ Part IV, line 6, 7, 8, 9, 10, Department of the Treasury			anization answered 11a, 11b, 11c, 11d Attach to Form 990	2020 Open to Public			
	I Revenue Service	Go to www.irs.gov/Form99			nation.		Inspection
	e of the organizati	YES HOUSING OF ARIZ					ployer identification number 72-1534324
Pa	rt I Organiza	ations Maintaining Donor Advised	d Funds or Othe	er Similar Funds	or Ac	cour	nts. Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor ac	lvised funds	(b) Fur	nds and other accounts
1	Total number at er	nd of year					
2		of contributions to (during year)					
3	Aggregate value o	of grants from (during year)					
4		t end of year					
5	-	on inform all donors and donor advisors in v	-				
		on's property, subject to the organization's e					Yes No
6	•	on inform all grantees, donors, and donor ad	•	•		-	
		poses and not for the benefit of the donor or				•	
Da	impermissible priv	vate benefit? vation Easements. Complete if the org)/aall an Earra 000			Yes No
					Part IV,	line 7.	
1		servation easements held by the organization		<u>,</u>	fabiota	rically	important land area
		n of land for public use (for example, recreat of natural habitat	lion of education)			-	important land area storic structure
	—	n of open space			n a certii	ieu ni:	
2		through 2d if the organization held a qualifi	ed conservation cor	tribution in the form	of a cor	eonia	tion essement on the last
2	day of the tax year					1301 Va	Held at the End of the Tax Year
а	• •	onservation easements				2a	
b						2b	
c	-	vation easements on a certified historic stru				2c	
d		vation easements included in (c) acquired a					
		nal Register				2d	
3		vation easements modified, transferred, rele				zation	during the tax
	year 🕨						
4	Number of states	where property subject to conservation eas	ement is located 🕨				
5	Does the organiza	tion have a written policy regarding the peri	iodic monitoring, ins	pection, handling of			
		forcement of the conservation easements it					
6	Staff and voluntee	er hours devoted to monitoring, inspecting, l	handling of violation	s, and enforcing con	servatior	n ease	ements during the year
	▶						
7		ses incurred in monitoring, inspecting, hand	ling of violations, an	d enforcing conserva	ation eas	emen	ts during the year
~	►\$				(L_) (A) (=) (•\	
8		vation easement reported on line 2(d) above				-	
0)(4)(B)(ii)? be how the organization reports conservatio					
9	-	d include, if applicable, the text of the footn		•			
		counting for conservation easements.	ole lo li le organizali			i uest	
Pa		ations Maintaining Collections of	Art, Historical	Freasures, or O	ther Si	mila	r Assets.
		f the organization answered "Yes" on Form					
1a		elected, as permitted under FASB ASC 95		revenue statement a	and bala	nce sl	heet works
		easures, or other similar assets held for pub					
		Part XIII the text of the footnote to its finan				•	
b	•	elected, as permitted under FASB ASC 95				sheet	works of
	-	sures, or other similar assets held for public					
	provide the follow	ing amounts relating to these items:					
	-	ided on Form 990, Part VIII, line 1					\$
							\$
2	If the organization	received or held works of art, historical trea	asures, or other simil	ar assets for financia	al gain, p	orovide	e
	the following amo	unts required to be reported under FASB A	SC 958 relating to th	ese items:			
а	Revenue included	on Form 990 Part VIII line 1					2

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
b	Assets included in Form 990, Part X
а	Revenue included on Form 990, Part VIII, line 1

032051 12-01-20

23						
2020.05000	YES	HOUSING	OF	ARIZONA,	I	333603B1

► \$_ ► \$

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 YES HOU	SING OF AR	IZONA,	INC	•			72-15	3432	4 P	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	easures, oi	^r Othe	r Simi	lar Assets	s (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the	following that	make s	ignifica	nt use of its	•	,	
	collection items (check all that apply):										
а	Public exhibition	c	J 🗌 La	an or exc	change progra	m					
b	Scholarly research	e	e 🗌 Ot	her							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they	further th	he organizatio	n's exe	mpt pur	pose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histo	rical trea	sures, or othe	er simila	r assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	rganizatio	on answered "	Yes" or	n Form §	990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for coi	ntribution	s or other ass	ets not	include	d	_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:			_				
									Amoun	t	
С	Beginning balance						10	c			
d	Additions during the year						1	d			
е	Distributions during the year						1	e			
f	Ending balance						1	f	_		
	Did the organization include an amount on F							L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	<u>т</u>	1								
		(a) Current year	(b) Pric	or year	(c) Two year	rs back	(d) Thr	ee years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr			column (a	l)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment										
с	· · · · · · · · · · · · · · · · · · ·	_%									
_	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	re held a	nd administer	ed for th	ne orgai	nization	ĺ		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		L
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tun	as.							
	Complete if the organization answere		Dort IV li	no 110 S	Soo Form 000	Dart V	lino 10				
	Description of property	(a) Cost or c			t or other		Accumu		(d) Poo	k volu	
	Description of property	basis (investr		. ,	(other)	• •	preciati		(d) Boo	r valu	E
10	Land			54010							
	Land										
	Buildings Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X column	(R) line 1							0.
1010	i naa missi na tinoagin no. (Columni (u) must e	<u>iqual FUIII 990, Pall</u>		ן שווו וען, וען	00,0			🕨		- 000)	

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 YES HOUSING OF ARIZONA, INC
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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.

(H)

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	d "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	У	(b) Book value
(1) Federal income taxes		
(2) LONG-TERM DEBT - AFFII	LIATES	1,867,731.
(3) INVESTMENT IN YES OF A	λZ	1,512,693.
(4)		
(5)		
(6)		
(7)		
(8)		

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 ... X

Schedule D (Form 990) 2020

3,380,424.

032053 12-01-20

(9)

Sche	edule D (Form 990) 2020 YES HOUSING OF ARIZONA ,		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	1	
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		
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.)		
с	Add lines 4a and 4b		4c
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		
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
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, 2020 AND 2019. AS A RESULT, YES DID NOT RECOGNIZE FEDERAL AND STATE						
INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019.						

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

BRENTWOOD GARDENS APARTMENTS, LP, MONTANA MEADOWS APARTMENTS, LP, LOS TRES 032054 12-01-20 26

Schedule D (Form 990) 2020 YES HOUSING OF ARIZONA, INC. 72-1534324 Page 5 Part XIII Supplemental Information (continued) (continued) (continued)
APARTMENTS, LP, GALLUP SUNSET HILLS, LLLP, VISTA GRANDE APARTMENTS, LP,
APPLE RIDGE APARTMENTS, LP, BELLA VISTA TOWNHOMES, LP, MESA DEL NORTE
APARTMENTS, LLLP, YES DEMING MOUNTAIN VIEW APARTMENTS, LLLP, ROSWELL
SUMMIT APARTMENTS, LP, SOLAR VILLA APARTMENTS, LP, LLLP, YES LA HACIENDA,
LLC, OTERO VILLAGE APARTMENTS, LP, NUEVO ATRISCO APARTMENTS, LP LLLP,
SKYVIEW TERRACE, LP, LLLP, COPPER TERRACE LIMITED PARTNERSHIP, LLLP, AND
NEW FRONTIER FAMILY LIVING, LLC AS PARTNERSHIPS, ARE NOT SUBJECT TO
FEDERAL INCOME TAX. THE PARTNERS SEPARATELY ACCOUNT FOR THEIR PRO-RATA
SHARE OF THE PARTNERSHIPS' ITEMS OF INCOME, DEDUCTIONS, LOSSES, AND
CREDITS. THEREFORE, NO PROVISION IS MADE IN THE ACCOMPANYING CONSOLIDATED
FINANCIAL STATEMENTS FOR LIABILITIES 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, 2020 AND 2019.

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) 2020

032055 12-01-20

SC	CHEDULE J			OMB No. 1	545-004	17
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2020		
Compensated Employees)	
Dene	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.					ic
	Department of the Treasury ► Attach to Form 990. Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.					
Nam	e of the organization		Employer id			nber
		YES HOUSING OF ARIZONA, INC.	72-1	534324	4	
Pa	rt I Questions Re	garding Compensation				
					Yes	No
1a	Check the appropriate bo	ex(es) if the organization provided any of the following to or for a person listed on Form 9	90,			
	Part VII, Section A, line 1a	a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter	travel Housing allowance or residence for persona	al use			
	Travel for companio					
		and gross-up payments Health or social club dues or initiation fees				
	Discretionary spend	ing account Personal services (such as maid, chauffeur	, chef)			
_						
b	•	a 1a are checked, did the organization follow a written policy regarding payment or				
•	•	on of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	ire substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, inc	luding the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if any off	the following the experimation used to establish the compensation of the experimation's				
3		the following the organization used to establish the compensation of the organization's	n to			
		Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Executive Director, but explain in Part III.	1110			
	Compensation com					
	Independent compe					
	Form 990 of other or		mmittee			
4	During the year, did any p	person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related of					
а	-	nent or change-of-control payment?		4a		X
b		ayment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or receive p	ayment from an equity-based compensation arrangement?		4-		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), 5	01(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on For	m 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1			
	contingent on the revenue					
						X
b				5b		X
	If "Yes" on line 5a or 5b, o					
6	-	m 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1			
	contingent on the net ear	-				v
						X X
b				6b		
-	If "Yes" on line 6a or 6b, o					
1		m 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x
0		and 6? If "Yes," describe in Part III		7		
8		ed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		0		x
٥				8		
9		organization also follow the rebuttable presumption procedure described in		9		
		958-6(c)? ion Act Notice, see the Instructions for Form 990.		9 ule J (Forn	000	2020
∟ПА		טו אכן מטוניב, אבל גוב וואו עכוטוא וטו דטווו 350.	Sched	uie o (rom	1 990)	2020

032111 12-07-20

Schedule J (Form 990) 2020

72-1534324

Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) AUGUSTINE C BACA	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/CEO	(ii)	216,699.	3,244.	3,871.	41,170.	24,299.	289,283.	0.
(2) MICHELLE DENBLEYKER	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	148,702.	1,015.	479.	26,961.	33,773.	210,930.	0.
(3) HOLLY M BARELA	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY/TREASURER	(ii)	149,719.	1,015.	3,565.	31,364.	19,015.	204,678.	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)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

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) 2020

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:

NON-INDEPENDENT VOTING MEMBERS ON STAFF: PRESIDENT/CEO AUGUSTINE BACA,

SVP/CFO/COO HOLLY BARELA, SVP OF DEVELOPMENT MICHELLE DENBLEYKER.

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

THE FORM 990 IS REVIEWED IN DETAIL BY THE PRESIDENT/CEO AND SENIOR VICE

PRESIDENT/CFO/COO. ONCE THEIR APPROVAL IS PROVIDED TO THE AUDIT FIRM, A

COMPLETE COPY OF THE FORM 990 IS SENT TO THE BOARD FOR REVIEW PRIOR TO

FILING.

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

A CONFLICT OF INTEREST STATEMENT IS SIGNED BY EACH MEMBER OF THE BOARD, OFFICERS, AND KEY EMPLOYEES EVERY YEAR. THE STATEMENT EXPLAINS THE TERMS AND ASKS FOR DETAILS REGARDING ANY CONFLICT. IF A CONFLICT ARISES THAT 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 CONFLICT ARISES THAT RELATES TO A BOARD MEMBER, IT IS REVIEWED BY THE CHAIRMAN 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. BI-WEEKLY MANAGEMENT AND MONTHLY STAFF MEETINGS ARE USED TO DISCUSS ONGOING OR POTENTIAL DEVELOPMENTS WHERE ANY CONFLICT OF INTEREST HAS BEEN IDENTIFIED AND DISCLOSURE PROCEDURES ARE INITIATED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL

STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, WWW.YESHOUSING.ORG,

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) 202003221111-20-20

31

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
YES HOUSING OF ARIZONA, INC.	72-1534324
AND ARE ALSO MADE AVAILABLE UPON REQUEST. THE ORGANIZATION	ON'S GOVERNING
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
DEVELOPER CONSULTANT:	
PROGRAM SERVICE EXPENSES	106,636.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	106,636.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	106,636.
032212 11-20-20 Scl	hedule O (Form 990 or 990-EZ) 2020
32 31111 146892 333603P 2020 05000 VEG HOUSTNC	

09231111 146892 333603B

2020.05000 YES HOUSING OF ARIZONA, I 333603B1

032161 10-28-20 LHA

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				
	-				
	-				
	-				

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 Part II organizations during the tax year.

organizatione daring the tax year.				1	-		
(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile (state or Exempt Code Public ch foreign country) section status (if se		Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				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

Open to Public Inspection

Employer identification number 72-1534324

Schedule R (Form 990) 2020

OMB No. 1545-0047 20

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.

		-	())		(6)	()			(1)	(1)	(1)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	1) (1	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	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General o managing partner?	Percentage ownership
		country)		sections 512-514)		435015	Yes	No		Yes No	
LOS TRES APARTMENTS, LP -											
87-0744393, 901 PENNSYLVANIA											
ST. NE, ALBUQUERQUE, NM	AFFORDABLE		YES LOS TRES								
87110	HOUSING	AZ	LLC	RELATED	219,443.	4,980,167.		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.	657.		x	N/A	x	70.00%
NEW FRONTIER FAMILY LIVING											
LLC - 81-4350105, 901	1										
PENNSYLVANIA ST. NE,	AFFORDABLE		NEW FRONTIER								
ALBUQUERQUE, NM 87110	HOUSING	NM	MM, LLC	RELATED	0.	1,692,739.		x	N/A	X	.01%
	1										
	1										
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont en	(i) ction (b)(13) trolled tity? No
YES OF ARIZONA, LLC - 20-4086794 901 PENNSYLVANIA ST. NE			YES HOUSING OF		010 442	655	1000		
ALBUQUERQUE, NM 87110 NEW FRONTIER MM LLC - 81-4371343 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING		ARIZONA, INC. YES HOUSING OF ARIZONA, INC.	C CORP	219,443.	657. 1,692,739.			

Schedule R (Form 990) 2020 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		X
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
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)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2020 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) 2020

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) 2020

032165 10-28-20

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STATE COPY

Form	990
FOUL	JJU

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2021

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.



AI	For th	e 2020 calendar year, or tax year beginning and	ending				
Β	Check if applicat	e: C Name of organization		D Employer identified	cation number		
	Addr	YES HOUSING OF ARIZONA, INC.					
	Name			72-153432	24		
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final returr	901 PENNSYLVANIA ST. NE		505-923-	9606		
	termi ated	¹⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	841,165.		
	Amer	ALBOQUERQUE, NM 87110		H(a) Is this a group re			
	Appli tion pend	F Name and address of principal officer: AUGUSTINE C. BACA		for subordinates	? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
_		te: WWW.YESHOUSING.ORG		H(c) Group exemption			
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 2002	I State of legal domicile: \mathbf{AZ}		
Pa	art I	Summary			DI D		
é	1	Briefly describe the organization's mission or most significant activities:		T OF AFFORDA	ARTE		
anc		HOUSING FOR YOUTH AND FAMILIES IN ARIZONA					
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed in the second sec		1 1	ets. 5		
Š	3				2		
م	4	Number of independent voting members of the governing body (Part VI, line 1b)			0		
ties	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			2		
tivi	6	Total number of volunteers (estimate if necessary)			0.		
Ac	/ a	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
	<u>۲</u>			Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		0.	0.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	581,883.		
evel Svel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	15,793.		
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,849.	243,489.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		45,849.	841,165.		
	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.		
g	. ь	Total fundraising expenses (Part IX, column (D), line 25)	0.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		40,850.	110,005.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		40,850.	110,005.		
	19	Revenue less expenses. Subtract line 18 from line 12		4,999.	731,160.		
S OF			Be	eginning of Current Year	End of Year		
Assets	20	Total assets (Part X, line 16)		4,490,344.	4,017,689.		
	1	Total liabilities (Part X, line 26)		4,773,399.	3,380,424.		
Inet		Net assets or fund balances. Subtract line 21 from line 20		-283,055.	637,265.		
Pa	art II	Signature Block					

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

			·					
Sign	Signature of of	fficer					Date	
Here	AUGUSTI	INE C.	BACA, PR	ESIDENT/	CEO			
	Type or print n	ame and title						
	Print/Type preparer's	s name		Preparer's sig	nature	Date	Check	PTIN
Paid	PAMELA ALE	EXANDER	SON	PAMELA	ALEXANDERSON	11/11/	21 self-employed	P01218925
Preparer	Firm's name 🕒 🕨	MOSS AD	AMS LLP				Firm's EIN 91	-0189318
Use Only	Firm's address 🖕 6565 AMERICAS PARKWAY NE STE 600							
	ALBUQUERQUE, NM 87110 Phone no. 505-878-7200							
May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

Form	990 (2020) YES HOUSING OF ARIZONA, INC.	72-1534324 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: DEVELOPMENT OF AFFORDABLE HOUSING FOR YOUTH AND FAMILIES	
	DEVELOTMENT OF AFTORDADED ROODING FOR TOOTH AND TANTETED	IN ARIZONA.
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? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	rs, the total expenses, and
4a		ue \$ 825,372.)
iu	DEVELOPMENT OF AFFORDABLE HOUSING: RECEIVED A TAX CREDIT	,
	A 72-UNIT AFFORDABLE HOUSING DEVELOPMENT IN PHOENIX, AZ,	
	AND INDIVIDUALS. CONSTRUCTION BEGAN IN 2020 AND WAS COMP	
	SEPTEMBER 2021.	
	SEFTEMBER 2021.	
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
A.1	Othey program convices (Describe on Seb-thile O)	
4d	Other program services (Describe on Schedule O.)	,
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 107,035.	
03200	2 12-23-20	Form 990 (2020)

Form	990	(2020)

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	
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			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			x
~	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10		10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
	as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	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	1.10		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
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	Х	
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
032003	12-23-20	Form	990	(2020)

032003 12-23-20

Form	990	(2020)
	000	

 Form 990 (2020)
 YES HOUSING OF ARIZONA, INC.
 72-1534324
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			
	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		
	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			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	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				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3		169	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		10	Х	
000000		1c		(2020)
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Form	990 (2020) YES HOUSING OF ARIZONA, INC.	72-1534	324	Р	age 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		 				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		X				
			7b		<u> </u>				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•							
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X X				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fc		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
-			8						
9	Sponsoring organizations maintaining donor advised funds.								
a			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	40-1							
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b	-						
			-						
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a							
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against		1						
D	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1						
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.		104						
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
~	organization is licensed to issue qualified health plans	13b							
с	Enter the amount of reserves on hand	13c							
14a			14a	1	x				
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
15									
	excess parachute payment(s) during the year?								
	If "Yes," see instructions and file Form 4720, Schedule N.		15		X				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x				
	If "Yes," complete Form 4720, Schedule O.			[

Form 990 (2020)

032005 12-23-20

Form 990	(2020)
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YES HOUSING OF ARIZONA, INC.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				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 any other	her			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supe	rvision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ing:			
а	The governing body?		<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
				Vaa	No

			res	
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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 independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	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 arrangement with a			
	taxable entity during the year?	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	Х	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	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 Schedule O)					
19	Describe on Schedule	O whether (and if so, how) the	organization made its go	verning documents, conflict of interest policy, and financial					
	statements available to the public during the tax year.								

20	State the name, address, and telephone number of the person who possesses the organization's books and records HOLLY BARELA $-505-923-9606$	▶_
	901 PENNSYLVANIA ST. NE. ALBUOUEROUE. NM 87110	

	901	PENNSYLVANIA	ST.	NE,	ALBUQUERQUE,	NM	8711
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Form **990** (2020)

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032007 12-23-20

Form 990 (2020)

- orm 990 (2	2020)	YES	HOUSING	OF	ARIZONA,	INC.	72-1
Part VII	Compensation	of Off	icers, Direct	tors,	Trustees, Ke	y Employees	, Highest Compensated
	Employees, and	d Inde	pendent Co	ntra	ctors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) AUGUSTINE C BACA PRESIDENT/CEO	5.00	x		x				0.	223,814.	65,469.
(2) MICHELLE DENBLEYKER	5.00									
BOARD MEMBER	45.00	х		x				0.	150,196.	60,734.
(3) HOLLY M BARELA	5.00									
SECRETARY/TREASURER	45.00	х		X				0.	154,299.	50,379.
(4) JOSEPH R ORTEGA	5.00									
SVP OF DEVELOPMENT (THRU JUNE 2020)	45.00			X		<u> </u>		0.	109,767.	25,976.
(5) DR BEVERLEE MCCLURE	0.20								0	
CHAIR	0.50	Х		X				0.	0.	0.
(6) LAWRENCE CHAVEZ VICE CHAIR	0.20	x		x				0.	0.	0.
	0.50	~		<u> </u>		-		0.	0.	<u> </u>
						-				
						\vdash				
			-		-					
		-								
			-		-					
						-				<u> </u>
	1	1	I	I	1	<u> </u>	1	1	1	000

Form	990 (2020) YES HOUSI	NG OF A	ARI	ZO	NA	·,	IN	с.		72-1	5343	324	Pa	age 8
Par	VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson i	l than c s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) timate ount o other	
		(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-MI	is	comp fro orga and	oensat om the anizati I relate nizatio	e on ed
			-								_			
			-											
			-											
			-											
	Subtotal Total from continuation sheets to Part VII								0.	638,0	76.	202	2,55	58. 0.
d	Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·	<u></u>		<u></u>	<u></u>			0.	638,0 000 of reportable	76.	202	2,55	58.
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	uch individual								·····		3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	e J f	or such individual			4	x	
	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5		х
	ion B. Independent Contractors Complete this table for your five highest cor	mpensated inc	lepe	ndei	nt co	ontra	actor	rs th	nat received more than \$	100,000 of com	pensat	ion fro	m	
	the organization. Report compensation for t (A)	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	<u>the organization's tax y</u> (B)	ear.		(C)	
	Name and business	address	NC	ONE	3			_	Description of s	ervices	Co	ompen	satior	1
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	niteo	d to t	thos (ted	above) who received mo	ore than				
											ľ	Form 🤆	990 (2	2020)

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			2020) YES HOUSING O	F ARIZONA	A, INC.		72-1534	324 Page 9
Pa	rt V		Statement of Revenue					
			Check if Schedule O contains a response of	or note to any line		(P)	(0)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					10tal 10vende	function revenue		from tax under
								sections 512 - 514
nts Its	1 ;	а	Federated campaigns 1a					
irar	I	b	Membership dues 1b					
N G		с	Fundraising events 1c					
ar /			Related organizations 1d					
s, G nilå			Government grants (contributions) 1e					
Si	1		All other contributions, gifts, grants, and					
her			similar amounts not included above 1f					
ot		a	Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f					
0.0				Business Code				
•	2	~	DEVELOPMENT FEES	900099	581,883.	581,883.		
/ice	2			500055	501,005.	501,005.		
er)		b						
n S /en		с						
Program Service Revenue		d						
roç		е						
٩	1		All other program service revenue		F01 002			
			Total. Add lines 2a-2f		581,883.			
	3		Investment income (including dividends, intere		1			1
			other similar amounts)		15,793.			15,793.
	4		Income from investment of tax-exempt bond p	roceeds 🕨 🕨				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
	I	b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7 :	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
Ð			and sales expenses					
evenue			Gain or (loss) 70					
eve			Net gain or (loss)					
sr R€			Gross income from fundraising events (not					
Other	0							
0								
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	····· 🕨				
	9 :	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	····· 🕨				
	10 :	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		с	Net income or (loss) from sales of inventory	>				
6				Business Code				
ŝno	11 :	а	REIMBURSEMENT FOR PROG	900099	243,489.	243,489.		
ane.		b						
scellaneo Revenue		с						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d		243,489.			
	12		Total revenue. See instructions		841,165.	825,372.	0.	15,793.
03200				····· • 1	•			Form 990 (2020

 Form 990 (2020)
 YES HOUSING OF ARIZONA, INC.

 Part IX
 Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ľ		•
	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				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	65.		65.	
с	Accounting	2,515.		2,515.	
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.)	106,636.	106,636.		
12	Advertising and promotion				
13	Office expenses	36.		36.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	133.	121.	12.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEMBERSHIP AND LICENSE	620.	278.	342.	
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	110,005.	107,035.	2,970.	0.
26	Joint costs. Complete this line only if the organization	-	-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2020)

Form 990 (2020)

YES HOUSING OF ARIZONA, INC. Part X Balance Sheet

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		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	307.	1	1,027.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net	4,430,037.	7	4,006,662.
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	60,000.	9	10,000.
	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)	4,490,344.	16	4,017,689.
	17	Accounts payable and accrued expenses	75,685.	17	
	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	
S	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			2 2 2 2 4 2 4
		of Schedule D	4,697,714.	25	3,380,424.
	26	Total liabilities. Add lines 17 through 25	4,773,399.	26	3,380,424.
(0		Organizations that follow FASB ASC 958, check here 🕨 🗴			
Cei		and complete lines 27, 28, 32, and 33.	000 055		
alan	27	Net assets without donor restrictions	-283,055.	27	637,265.
B	28	Net assets with donor restrictions		28	
oun		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ts	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	
Re	32	Total net assets or fund balances	-283,055.	32	637,265.
	33	Total liabilities and net assets/fund balances	4,490,344.	33	4,017,689.

Form 990 (2020)

Form	1990 (2020) YES HOUSING OF ARIZONA, INC.	72-153	4324	Pag	_{ge} 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	841		
2	Total expenses (must equal Part IX, column (A), line 25)	2	110		
3	Revenue less expenses. Subtract line 2 from line 1	3	731	.,10	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-283		
5	Net unrealized gains (losses) on investments	5	189	,10	<u>50.</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	637	,20	<u>65.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	0.			
2a			. 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				
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
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			37
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3 b		(0000)

Form **990** (2020)

032012 12-23-20

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)

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
2020
Open to Public Inspection

1

Name of the	organization
-------------	--------------

Name of	ame of the organization Employer identification number									
	YES	HOUSING OF	ARIZONA, INC	2.			7	2-1534324		
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The orga	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3	A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	i).				
4] A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,		
	city, and state:									
5	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general p	public described in		
	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research org	-			-		-	-		
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
	university:									
10	An organization that norma									
	activities related to its exen		-					-		
	income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	itter June 30, 1975.		
44	See section 509(a)(2). (Col					O(-)(A)				
11 12	An organization organized a	-	•	•			rny out the	nurnance of one or		
	An organization organized a more publicly supported or	-	-	-			•			
	lines 12a through 12d that	-								
a	Type I. A supporting orga	• •					-	aivina		
u _	the supported organization		-	• • • •	-					
	organization. You must o			indjointy c				pporting		
b	Type II. A supporting org	-		tion with it:	s supporte	d organizatio	n(s), by hav	ving		
	control or management o	-				-		•		
	organization(s). You mus			•		·				
c [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	ly integrate	d with,		
	its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.				
d	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)		
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness		
	requirement (see instruct	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 fro	m the IRS	that it is a	Type I, Type	I, Type III			
	functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.					
	ter the number of supported of	•								
g Pro	ovide the following information (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monoton	(vi) Amount of other		
	organization		(described on lines 1-10	in your governi	ng document?	support (see ir	,	support (see instructions)		
	3		above (see instructions))	Yes	No		,			
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 YES HOUSING OF ARIZONA, INC. Part II Support Schedule for Organizations Described in Sections 170

72-1534324 Page 2

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.)

260	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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			0.50.000					
	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.		
		(-) 0010	(1-) 0017	(-) 0010	(.1) 0010	(-) 0000	(0) T - + -		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018 250,000.	(d) 2019	(e) 2020	(f) Total 250,000.		
	Amounts from line 4			230,000.			230,000.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,					15,793.	15,793.		
•	and income from similar sources Net income from unrelated business					15,755.	13,755.		
9									
	activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						265,793.		
	Gross receipts from related activities,	etc. (see instruction	ns)			12	987,408.		
	First 5 years. If the Form 990 is for th	•	,			LI			
	organization, check this box and stop	•				()()			
See	ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2020 (I		-	column (f))		14	94.06 %		
	Public support percentage from 2019		•			15	100.00 %		
	33 1/3% support test - 2020. If the c					ore, check this bo	k and		
	stop here. The organization qualifies						N V		
b	33 1/3% support test - 2019. If the c	organization did no	ot check a box on						
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts and circumstances test. The organization qualifies as a publicly supported organization								
b	b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets th	ne facts-and-circun	nstances test, che	eck this box and st	op here. Explain i	n Part VI how the			
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17b	, check this box a	nd see instructions	• >		
					Sch	edule A (Form 990	or 990-EZ) 2020		

Schedule A (Form 990 or 990-EZ) 2020 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	2020	(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 disgualified 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							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support		•	4	•		I	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	2020	(f) Total
	Amounts from line 6							
	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							
	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 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) o	rganizatio	on,
	check this box and stop here	<u></u>			-	<u></u>)
Sec	ction C. Computation of Publi	c Support Per	rcentage					
15	Public support percentage for 2020 (I	ine 8, column (f), c	divided by line 13,	column (f))		15		%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16		%
Sec	ction D. Computation of Inves	stment Income	e Percentage					
17	Investment income percentage for 20)20 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17		%
18	Investment income percentage from					18		%
19a	33 1/3% support tests - 2020. If the					3 1/3%, a	and line 17	7 is not
	more than 33 1/3%, check this box ar							
b	33 1/3% support tests - 2019. If the						3 1/3%, a	nd
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							
	23 01-25-21		,) or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 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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Schedule A (Form 990 or 990-EZ) 2020

10a

10b

Yes No

OF DOD ET 2020 YES HOUSTNG OF ARTZONA TNC

72-1534324 Page

Yes No

2a

2b

3a

3b

		7477	- Pa	ige o
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization u	ised to satisfy th	he Integral Part Test o	during the year	(see instructions).
---	----------------------------------	-------------------------	--------------------	-------------------------	-----------------	---------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described in line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. Schedule A (Form 990 or 990-EZ) 2020

032025 01-25-21

2020.05000 YES HOUSING OF ARIZONA, I 333603B1

Schedule A	(Form 990 or 990-EZ) 2020	YES	HOUSING	OF	ARIZONA,	INC.
Part V	Type III Non-Functio	nally	Integrated 5	09(a)	(3) Supporting	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.

Sect	ion 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		
Sect	ion 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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	emergency temporary reduction (see instructions).		Type III supporting orga	I

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) 2020

Schedule A (Form 990 or 990-EZ) 2020 YES HOUSING OF ARIZONA, INC.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 YES HOUSING OF ARIZONA, INC.	72-1534324 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,

Schedule A (Form 990 or 990-EZ) 2020

sr	HEDULE D	Supplementa	al Financial	OMB No. 154	5-0047				
	n 990)	Complete if the org	anization answered	202	N				
•		Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11c	Open to	Public				
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990 90 for instructions		<u> </u>	Inspection			
Nam	e of the organizat	ion YES HOUSING OF ARI	ZONA INC.		Em	Employer identification number 72-1534324			
Pa	rt I Organiz	ations Maintaining Donor Advise		er Similar Funds or A	ccour				
		on answered "Yes" on Form 990, Part IV, lir					0		
	organizatio			dvised funds	(b) Fur	nds and other accour	nts		
1	Total number at e	end of year							
2		of contributions to (during year)							
3		of grants from (during year)							
4		at end of year							
5		ion inform all donors and donor advisors in		ts held in donor advised fur	nds				
	-	on's property, subject to the organization's	-			Yes	No		
6	Did the organizati	ion inform all grantees, donors, and donor a	advisors in writing the						
		poses and not for the benefit of the donor o							
	impermissible priv						No		
Pa	rt II Conserv	vation Easements. Complete if the or	ganization answered	I "Yes" on Form 990, Part I\	/, line 7.				
1	Purpose(s) of con	servation easements held by the organizati	ion (check all that ap	ply).					
	Preservatio	n of land for public use (for example, recrea	ation or education)	Preservation of a his	torically	important land area			
	Protection of	of natural habitat		Preservation of a cer	tified his	storic structure			
	Preservatio	n of open space							
2	Complete lines 2a	a through 2d if the organization held a quali	fied conservation co	ntribution in the form of a c	onserva	tion easement on the	e last		
	day of the tax yea					Held at the End of the	e Tax Year		
а		conservation easements			2a				
b	-				2b				
С		rvation easements on a certified historic str			2c				
d		rvation easements included in (c) acquired a							
•		nal Register			2d				
3		rvation easements modified, transferred, re	leased, extinguisned	, or terminated by the organ	lization	during the tax			
4	year	where property subject to conservation eas	soment is located						
5		ation have a written policy regarding the pe	-						
5	-	forcement of the conservation easements in	t la al da O	spection, nandling of		Yes	No		
6	,	er hours devoted to monitoring, inspecting,				·····			
Ũ		,	nanon ig er nelater			sine is a sine ye			
7	Amount of expense	 ses incurred in monitoring, inspecting, hand	dling of violations, ar	nd enforcing conservation ea	asemen	ts during the year			
	▶\$		0 <i>i</i>	0		0 ,			
8	Does each conse	rvation easement reported on line 2(d) abov	ve satisfy the require	ments of section 170(h)(4)(E	B)(i)				
	and section 170(h	n)(4)(B)(ii)?				Yes	No		
9	In Part XIII, descri	ibe how the organization reports conservati	ion easements in its	revenue and expense stater	ment an	nd			
	balance sheet, an	nd include, if applicable, the text of the footr	note to the organizat	ion's financial statements th	nat desc	cribes the			
-		counting for conservation easements.		T 011	<u></u>				
Pa	_	ations Maintaining Collections of		Treasures, or Other	Simila	r Assets.			
		if the organization answered "Yes" on Form							
1a	-	n elected, as permitted under FASB ASC 95							
		reasures, or other similar assets held for pul			Ince of [public			
_		n Part XIII the text of the footnote to its final							
b	-	n elected, as permitted under FASB ASC 95	· ·						
		sures, or other similar assets held for public	c exhibition, educatio	on, or research in furtherand	e of pul	blic service,			
	-	ving amounts relating to these items:			•	•			
		uded on Form 990, Part VIII, line 1				¢			
0		ed in Form 990, Part X n received or held works of art, historical tre		ilar assats for financial gain		\$			
2					provide	e de la constante de la consta			
	ane ronowing arrio	ounts required to be reported under FASB A	Societating to t						

a Revenue included on Form 990, Part VIII, line 1	> 9	\$
b Assets included in Form 990, Part X	> 9	\$
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	:	Schedule D (Form 990) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Sche	dule D (Form 990) 2020 YES HOU:	SING	OF AR	IZONZ	A, INC	•			72-15	3432	4 Pa	age 2
Par	t III Organizations Maintaining C	ollectio	ns of Ar	t, Hist	orical Tre	easures, o	or Othe	r Sim	ilar Asset	s _{(contir}	nued)	
3	Using the organization's acquisition, accession	on, and ot	her record:	s, check	any of the	following tha	t make si	ignifica	nt use of its		,	
	collection items (check all that apply):											
а	Public exhibition		d		Loan or exc	change progr	am					
b	Scholarly research		е		Other							
с	Preservation for future generations											
4	Provide a description of the organization's co	llections	and explair	how th	ey further t	he organizati	on's exer	mpt pu	rpose in Part	XIII.		
5	During the year, did the organization solicit of	r receive o	Jonations c	of art, his	storical trea	sures, or oth	er similar	assets	6			
	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arrang	gement	S. Comple	ete if the	organizatio	on answered	"Yes" on	Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 2	1.									
1a	Is the organization an agent, trustee, custodia	an or othe	r intermed	iary for o	contribution	ns or other as	sets not	include	ed	_		_
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and comp	lete the fol	lowing t	able:			_				
										Amoun	t	
С	Beginning balance							. 1	c			
d	Additions during the year							. 1	d			
е	Distributions during the year							. 1	e			
f	Ending balance								lf	_		
	Did the organization include an amount on Fo								L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.											
Par	t V Endowment Funds. Complete i			swered	"Yes" on Fo		1					
		(a) Curr	ent year	(b) F	rior year	(c) Two yea	ars back	(d) Thr	ee years back	(e) Fou	years	back
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr		nd balance		g, column (a	a)) held as:						
а	Board designated or quasi-endowment			_%								
b	Permanent endowment	%										
С	F	%										
	The percentages on lines 2a, 2b, and 2c show	uld equal	100%.									
3a	Are there endowment funds not in the posses	ssion of th	ie organiza	tion tha	t are held a	nd administe	red for th	ne orga	nization	1		
	by:										Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza									3b		
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ion's endo	wment f	unds.							
T ai			- Form 000		/ line 11e (line 10	`			
	Complete if the organization answered									(.)) D		
	Description of property	· `) Cost or o		• •	t or other (other)	1			(d) Boo	k valu	е
	Land		sis (investn	nent)	Dasis		de	preciat				
-	Land											
b	Buildings											
	Leasehold improvements											
	Equipment											
	Other											0
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form	990, Part /	X, colun	nn (B), line 1	10c.)				- /-		0.
									Schedule	e D (Forn	n 990)	2020

	Investments - O	ther Se	curities.	-	/	
Schedule D	(Form 990) 2020	YES	HOUSING	OF	ARIZONA,	INC.

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

(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.	(Colymn (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	1,867,731.
(3)	INVESTMENT IN YES OF AZ	1,512,693.
(4)		
(5)		
(6)		
(7)		
(8)		

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 ... X

Schedule D (Form 990) 2020

032053 12-01-20

(9)

Sche	dule D (Form 990) 2020 YES HOUSING OF ARIZONA,		72-1534324 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
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 Sta	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir		
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:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
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		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
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, 2020 AND 2019. AS A RESULT, YES DID NOT RECOGNIZE FEDERAL AND STATE
INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019.

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

BRENTWOOD GARDENS APARTMENTS, LP, MONTANA MEADOWS APARTMENTS, LP, LOS TRES 032054 12-01-20 Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 YES HOUSING OF ARIZONA, INC. 72-1534324 Page 5 Part XIII Supplemental Information (continued) Continued) Continued
APARTMENTS, LP, GALLUP SUNSET HILLS, LLLP, VISTA GRANDE APARTMENTS, LP,
APPLE RIDGE APARTMENTS, LP, BELLA VISTA TOWNHOMES, LP, MESA DEL NORTE
APARTMENTS, LLLP, YES DEMING MOUNTAIN VIEW APARTMENTS, LLLP, ROSWELL
SUMMIT APARTMENTS, LP, SOLAR VILLA APARTMENTS, LP, LLLP, YES LA HACIENDA,
LLC, OTERO VILLAGE APARTMENTS, LP, NUEVO ATRISCO APARTMENTS, LP LLLP,
SKYVIEW TERRACE, LP, LLLP, COPPER TERRACE LIMITED PARTNERSHIP, LLLP, AND
NEW FRONTIER FAMILY LIVING, LLC AS PARTNERSHIPS, ARE NOT SUBJECT TO
FEDERAL INCOME TAX. THE PARTNERS SEPARATELY ACCOUNT FOR THEIR PRO-RATA
SHARE OF THE PARTNERSHIPS' ITEMS OF INCOME, DEDUCTIONS, LOSSES, AND
CREDITS. THEREFORE, NO PROVISION IS MADE IN THE ACCOMPANYING CONSOLIDATED
FINANCIAL STATEMENTS FOR LIABILITIES 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, 2020 AND 2019.

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) 2020

032055 12-01-20

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
•		Compensated Employees		20	ZU	J
Dene	topont of the Tupper with	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service		Inspe			
Nam	e of the organizatio	n		identificatio		mber
		YES HOUSING OF ARIZONA, INC.	72-1	1534324	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or		nal use			
	Travel for con					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
	If any fill i	and the second				
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and onice	rrs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization s				
		ation of the CEO/Executive Director, but explain in Part III.	51110			
	Compensatio					
	·	compensation consultant				
		ther organizations Approval by the board or compensation of	ommittee			
			ommittee			
4	During the year, di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	-	e payment or change-of-control payment?		4a		X
b	Participate in or re	ceive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or re-	ceive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	nes 4a.c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the					
а	The organization?			5a		X
b		ation?		5 b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the					v
						X X
b		ration?		6b		
-		or 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x
0		nes 5 and 6? If "Yes," describe in Part III		7		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the patient described in Regulations section 53 (4958 4(a)(2)2 If "Xee," describe in Regulations		8		x
٥		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III iid the organization also follow the rebuttable presumption procedure described in		····· o		- 21
9				9		
	Regulations section	n 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	000	1 2020
∟ПА			Sched	aule o (Forn	1 990	, 2020

032111 12-07-20

Schedule J (Form 990) 2020

72-1534324

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and (D) Nontaxable other deferred benefits	(E) Total of columns		
		(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)	216,699.	3,244.	3,871.	41,170.	24,299.	289,283.	0.
(2) MICHELLE DENBLEYKER	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	148,702.	1,015.	479.	26,961.	33,773.	210,930.	0.
(3) HOLLY M BARELA	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY/TREASURER	(ii)	149,719.	1,015.	3,565.	31,364.	19,015.	204,678.	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)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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 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:

NON-INDEPENDENT VOTING MEMBERS ON STAFF: PRESIDENT/CEO AUGUSTINE BACA,

SVP/CFO/COO HOLLY BARELA, SVP OF DEVELOPMENT MICHELLE DENBLEYKER.

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

THE FORM 990 IS REVIEWED IN DETAIL BY THE PRESIDENT/CEO AND SENIOR VICE

PRESIDENT/CFO/COO. ONCE THEIR APPROVAL IS PROVIDED TO THE AUDIT FIRM, A

COMPLETE COPY OF THE FORM 990 IS SENT TO THE BOARD FOR REVIEW PRIOR TO

FILING.

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

A CONFLICT OF INTEREST STATEMENT IS SIGNED BY EACH MEMBER OF THE BOARD, OFFICERS, AND KEY EMPLOYEES EVERY YEAR. THE STATEMENT EXPLAINS THE TERMS AND ASKS FOR DETAILS REGARDING ANY CONFLICT. IF A CONFLICT ARISES THAT 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 CONFLICT ARISES THAT RELATES TO A BOARD MEMBER, IT IS REVIEWED BY THE CHAIRMAN 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. BI-WEEKLY MANAGEMENT AND MONTHLY STAFF MEETINGS ARE USED TO DISCUSS ONGOING OR POTENTIAL DEVELOPMENTS WHERE ANY CONFLICT OF INTEREST HAS BEEN IDENTIFIED AND DISCLOSURE PROCEDURES ARE INITIATED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL

 STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, WWW.YESHOUSING.ORG,

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

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Name of the organization YES HOUSING OF ARIZONA, INC.	Employer identification number 72-1534324
AND ARE ALSO MADE AVAILABLE UPON REQUEST. THE ORGANIZATIO	N'S GOVERNING
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
DEVELOPER CONSULTANT:	
PROGRAM SERVICE EXPENSES	106,636.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	106,636.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	106,636.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 72 - 1534324

Department of the Treasury Internal Revenue Service

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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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	cont	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) 2020

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	() (ł	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year		ortionate	Code V-UBI amount in box	General o managing	r Percentage ownership
or related organization		(state or foreign	Childy	excluded from tax under		assets	alloca	tions?	20 of Schedule	partner?	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
LOS TRES APARTMENTS, LP -											
87-0744393, 901 PENNSYLVANIA											
ST. NE, ALBUQUERQUE, NM	AFFORDABLE		YES LOS TRES								
87110	HOUSING	AZ	LLC	RELATED	219,443.	4,980,167.		х	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.	657.		x	N/A	X	70.00%
NEW FRONTIER FAMILY LIVING											
LLC - 81-4350105, 901											
PENNSYLVANIA ST. NE,	AFFORDABLE		NEW FRONTIER								
ALBUQUERQUE, NM 87110	HOUSING	NM	MM, LLC	RELATED	0.	1,692,739.		x	N/A	Х	.01%
]										
]										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(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 en	(i) ction (b)(13) trolled 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%	Х	
NEW FRONTIER MM LLC - 81-4371343									
901 PENNSYLVANIA ST. NE			YES HOUSING OF						
ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	ARIZONA, INC.	C CORP	0.	1,692,739.	100%	Х	
									+

Schedule R (Form 990) 2020 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.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X		
	Gift, grant, or capital contribution to related organization(s)	1b	X			
	Gift, grant, or capital contribution from related organization(s)	1c		X		
	Loans or loan guarantees to or for related organization(s)	1d	X			
	Loans or loan guarantees by related organization(s)	1e		X		
f	Dividends from related organization(s)	1f		X		
g	Sale of assets to related organization(s)	1g		X		
h	Purchase of assets from related organization(s)	1h		X		
i	Exchange of assets with related organization(s)	1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X		
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X			
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X		
	Sharing of paid employees with related organization(s)	10	X			
р	Reimbursement paid to related organization(s) for expenses	1p		X		
q	Reimbursement paid by related organization(s) for expenses	1q		X		
r	Other transfer of cash or property to related organization(s)	1r		X		
<u>s</u>	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)				
(2)				
<u>(3)</u>				
(4)				
(5)				
(6)				

Schedule R (Form 990) 2020 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 country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners si 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(h Dispro tion allocat Yes) opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner Yes No	(k) Percentage ownership
							110			

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Part VII Supplemental Information

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

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