

PUBLIC DISCLOSURE COPY

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Form 990
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019
Open to Public Inspection

▶ 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.

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization YES HOUSING, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 901 PENNSYLVANIA ST. NE City or town, state or province, country, and ZIP or foreign postal code ALBUQUERQUE, NM 87110	D Employer identification number 85-0388252
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	F Name and address of principal officer: HOLLY M. BARELA SAME AS C ABOVE	E Telephone number 505-923-6906
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ WWW.YESHOUSING.ORG	G Gross receipts \$ 13,211,960.
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1990	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
M State of legal domicile: NM		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO BUILD AND REVITALIZE COMMUNITIES WITH QUALITY, AFFORDABLE HOUSING, ACCESSIBLE SOCIAL				
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
3	Number of voting members of the governing body (Part VI, line 1a)	3		7	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		7	
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5		26	
6	Total number of volunteers (estimate if necessary)	6		55	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.	
7b	Net unrelated business taxable income from Form 990-T, line 39	7b		0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	681,963.	Current Year	365,488.
	9 Program service revenue (Part VIII, line 2g)	1,897,743.		2,976,944.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,264,133.		368,500.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.		0.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,843,839.		3,710,932.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	271,072.		11,950.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.		0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,327,902.		2,356,371.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.		0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,510,861.		2,312,098.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,109,835.		4,680,419.		
19 Revenue less expenses. Subtract line 18 from line 12	-265,996.		-969,487.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	42,101,615.	End of Year	47,858,874.
	21 Total liabilities (Part X, line 26)	16,442,908.		23,558,915.	
	22 Net assets or fund balances. Subtract line 21 from line 20	25,658,707.		24,299,959.	

Part II Signature Block

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

Sign Here	Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: <i>Holly Barela</i> Signature of preparer: _____ Date: 4/20/2023	
Preparer Use Only	Print/Type preparer's name: PAMELA ALEXANDERSON Preparer's signature: PAMELA ALEXANDERSON Date: 04/20/23 Check if self-employed: <input type="checkbox"/> PTIN: P01218925 Firm's name: MOSS ADAMS LLP Firm's EIN: 91-0189318 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) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO BUILD AND REVITALIZE COMMUNITIES WITH QUALITY, AFFORDABLE HOUSING, ACCESSIBLE SOCIAL SERVICES, AND A DEDICATION TO BEING POSITIVE AGENTS FOR CHANGE WITHIN THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 2,060,845. including grants of \$ 11,950.) (Revenue \$ 1,767,944.) PROVIDED SAFE, DECENT, AND AFFORDABLE MULTIFAMILY HOUSING AND SOCIAL SERVICES TO APPROXIMATELY 1,500 FAMILIES AND INDIVIDUALS.

4b (Code:) (Expenses \$ 1,593,136. including grants of \$) (Revenue \$ 1,209,000.) DEVELOPMENT OF AFFORDABLE HOUSING: RECEIVED A TAX CREDIT ALLOCATION FOR AN 80-UNIT AFFORDABLE HOUSING PROJECT IN ALBUQUERQUE, NM, FOR FAMILIES AND INDIVIDUALS; IN ADDITION, WE WILL BUILD 6 LIVE-WORK UNITS FOR A TOTAL OF 86 UNITS. CONSTRUCTION BEGAN IN 2019 AND WAS COMPLETED IN SEPTEMBER 2020. RECEIVED A TAX CREDIT ALLOCATION FOR A 72-UNIT AFFORDABLE HOUSING PROJECT IN HOBBS, NM, FOR FAMILIES AND INDIVIDUALS. CONSTRUCTION BEGAN IN 2019 WITH AN ANTICIPATED COMPLETION DATE OF EARLY 2021.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,653,981.

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		26
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against 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 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	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 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? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?	X	
16b	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?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NM**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **HOLLY BARELA - 505-923-9606**
901 PENNSYLVANIA ST. NE, ALBUQUERQUE, NM 87110

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. BEVERLEE MCCLURE DIRECTOR/CHAIRMAN	0.50 0.20	X		X				0.	0.	0.
(2) ROBERT J. AVILA DIRECTOR/VICE CHAIRMAN	0.50	X		X				0.	0.	0.
(3) KEVIN CAUDILL DIRECTOR/SECRETARY/TREASUR	0.50	X		X				0.	0.	0.
(4) LAWRENCE CHAVEZ DIRECTOR	0.50 0.20	X						0.	0.	0.
(5) GARRET HENNESSY DIRECTOR	0.50	X						0.	0.	0.
(6) MARTIN ANDREW GARRISON DIRECTOR	0.50	X						0.	0.	0.
(7) JEFF APODACA DIRECTOR	0.50	X						0.	0.	0.
(8) AUGUSTINE C. BACA DIRECTOR/PRESIDENT/CEO	45.00 5.00			X				223,694.	0.	64,939.
(9) JOSEPH R. ORTEGA VP OF DEVELOPMENT	45.00 5.00			X				158,033.	0.	48,025.
(10) HOLLY BARELA SENIOR VICE PRESIDENT/CFO/COO	45.00 5.00			X				140,725.	0.	45,819.
(11) MICHELLE DENBLEYKER VP OF DEVELOPMENT	45.00 5.00					X		148,478.	0.	46,828.
(12) THADDEUS LUCERO SVP OF BUSINESS DEVELOPMEN	45.00					X		142,427.	0.	35,822.
(13) ROSE SILVA SMITH VP OF ASSET MANAGEMENT	45.00					X		116,466.	0.	32,819.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							929,823.	0.	274,252.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							929,823.	0.	274,252.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	306,471.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	59,017.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			365,488.			
Program Service Revenue	2 a RENT AND RENTAL MANAGEMENT FEES	Business Code	532000	1,767,944.	1,767,944.		
	b DEVELOPMENT FEES		900099	1,209,000.	1,209,000.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,976,944.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			536,824.		536,824.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	7,990,704.	1,342,000.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	7,767,741.	1,733,287.			
	c Gain or (loss)	7c	222,963.	-391,287.			
d Net gain or (loss)			-168,324.		-168,324.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			3,710,932.	2,976,944.	0.	368,500.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	11,950.	11,950.		
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	681,235.	443,507.	237,728.	
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	1,159,055.	784,270.	374,785.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	79,674.	43,662.	36,012.	
9 Other employee benefits	310,124.	183,370.	126,754.	
10 Payroll taxes	126,283.	93,374.	32,909.	
11 Fees for services (nonemployees):				
a Management				
b Legal	12,427.	10,088.	2,339.	
c Accounting	56,021.		56,021.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	36,717.		36,717.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	11,634.	10,036.	1,598.	
12 Advertising and promotion	1,709.	219.	1,490.	
13 Office expenses	85,629.	53,813.	31,816.	
14 Information technology	41,241.	29,766.	11,475.	
15 Royalties				
16 Occupancy	40,589.	40,493.	96.	
17 Travel	32,159.	30,530.	1,629.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	27,157.	23,695.	3,462.	
20 Interest	233,376.	232,423.	953.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	550,605.	538,783.	11,822.	
23 Insurance	31,038.	25,549.	5,489.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	910,178.	908,099.	2,079.	
b REIMBURSEMENT	45,849.	45,849.		
c SOCIAL SERVICE	18,022.	18,022.		
d PROPERTY EXPENSES	5,071.	5,071.		
e All other expenses	172,676.	121,412.	51,264.	
25 Total functional expenses. Add lines 1 through 24e	4,680,419.	3,653,981.	1,026,438.	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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	734,398.	1	2,311,087.
	2 Savings and temporary cash investments	631,585.	2	1,862,307.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	581,127.	4	190,299.
	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	
	7 Notes and loans receivable, net	3,208,894.	7	1,548,061.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	51,461.	9	85,168.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,577,442.		
	b Less: accumulated depreciation	10b 5,699,308.	10c	7,878,134.
	11 Investments - publicly traded securities	9,485,857.	11	7,131,359.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	20,459,687.	13	25,930,858.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	774,998.	15	921,601.
16 Total assets. Add lines 1 through 15 (must equal line 33)	42,101,615.	16	47,858,874.	
Liabilities	17 Accounts payable and accrued expenses	434,224.	17	897,700.
	18 Grants payable		18	
	19 Deferred revenue	21,074.	19	12,714.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	15,362,343.	23	20,885,830.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	625,267.	25	1,762,671.
	26 Total liabilities. Add lines 17 through 25	16,442,908.	26	23,558,915.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	25,658,707.	27	24,299,959.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	25,658,707.	32	24,299,959.
	33 Total liabilities and net assets/fund balances	42,101,615.	33	47,858,874.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,710,932.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,680,419.
3	Revenue less expenses. Subtract line 2 from line 1	3	-969,487.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,658,707.
5	Net unrealized gains (losses) on investments	5	850,209.
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	-1,239,470.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,299,959.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization YES HOUSING, INC	Employer identification number 85-0388252
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	852,387.	1478271.	667,538.	681,963.	365,488.	4045647.
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3	852,387.	1478271.	667,538.	681,963.	365,488.	4045647.
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)						
6 Public support. Subtract line 5 from line 4.						4045647.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	852,387.	1478271.	667,538.	681,963.	365,488.	4045647.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	265,136.	285,768.	562,067.	1154862.	536,824.	2804657.
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.)		246,000.				246,000.
11 Total support. Add lines 7 through 10						7096304.
12 Gross receipts from related activities, etc. (see instructions)					12	12,048,414.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	57.01 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	61.76 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

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

FORGIVENESS OF DEBT

2016 AMOUNT: \$ 246,000.

Multiple horizontal lines for providing additional information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

YES HOUSING, INC

Employer identification number

85-0388252

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization YES HOUSING, INC	Employer identification number 85-0388252
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>196,364.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>70,107.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>17,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YES HOUSING, INC	Employer identification number 85-0388252
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization YES HOUSING, INC	Employer identification number 85-0388252
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019 Open to Public Inspection

Name of the organization YES HOUSING, INC Employer identification number 85-0388252

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (check all that apply); 2. Conservation contribution details (2a-2d); 3-7. Monitoring and enforcement details; 8-9. Section 170(h)(4)(B) requirements and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,259,711.	3,259,711.	1,875,851.	1,728,338.	1,637,012.
b Contributions			1,041,500.		150,000.
c Net investment earnings, gains, and losses	371,649.		342,360.	147,513.	-58,674.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,631,360.	3,259,711.	3,259,711.	1,875,851.	1,728,338.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,504,252.		1,504,252.
b Buildings		10,900,567.	4,865,256.	6,035,311.
c Leasehold improvements				
d Equipment		1,172,623.	834,052.	338,571.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,878,134.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN LIMITED		
(2) PARTNERSHIPS	161,213.	END-OF-YEAR MARKET VALUE
(3) DEVELOPMENT FEES		
(4) RECEIVABLE	3,202,409.	COST
(5) NOTES RECEIVABLE FROM		
(6) RELATED PARTIES	22,567,236.	COST
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	25,930,858.	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	46,458.
(3) PENSION PLAN LIABILITY	671,208.
(4) DUE TO AFFILIATES	1,045,005.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,762,671.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART V, LINE 4:

BOARD RESTRICTED PERMANENT FUND: USED TO SUPPORT OPERATIONS WHEN THERE ARE CASH SHORTAGES. WITHDRAWALS REQUIRE UNANIMOUS BOARD APPROVAL.

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018.

NEW LEAF COMMUNITY LLLP, UR 205 SILVER LLC, WILDEWOOD APARTMENTS LP, BRENTWOOD GARDENS APARTMENTS LP, MONTANA MEADOWS APARTMENTS LP, LOS TRES 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, AND SKYVIEW TERRACE LP LLLP 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, 2019 AND 2018.

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **YES HOUSING, INC** Employer identification number: **85-0388252**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AUGUSTINE C. BACA DIRECTOR/PRESIDENT/CEO	(i)	211,514.	0.	12,180.	39,844.	25,095.	288,633.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSEPH R. ORTEGA VP OF DEVELOPMENT	(i)	152,631.	0.	5,402.	22,931.	25,095.	206,059.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HOLLY BARELA SENIOR VICE PRESIDENT/CFO/COO	(i)	137,044.	0.	3,681.	27,192.	18,627.	186,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELLE DENBLEYKER VP OF DEVELOPMENT	(i)	147,511.	0.	967.	14,627.	32,201.	195,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THADDEUS LUCERO SVP OF BUSINESS DEVELOPMEN	(i)	137,570.	0.	4,857.	13,650.	22,172.	178,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ANGELO BACA	FAMILY MEMBER OF AU	68,111.	COMMUNITY &		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ANGELO BACA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF AUGUSTINE BACA

(D) DESCRIPTION OF TRANSACTION: COMMUNITY & SOCIAL MEDIA MANAGER,

EMPLOYED WITH YES SINCE 2007. HIS SALARY IS DETERMINED IN THE SAME MANNER

AS ALL EMPLOYEES AND PRESENTED IN THE ANNUAL CURRENT YEAR BUDGET AND

REVIEWED/APPROVED BY THE BOARD

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

YES HOUSING, INC

Employer identification number

85-0388252

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

SERVICES, AND A DEDICATION TO BEING POSITIVE AGENTS FOR CHANGE WITHIN
THE COMMUNITY.

FORM 990, PAGE 1, BOX B (AMENDED RETURN)

YES HOUSING, INC., IS AMENDING ITS 2019 RETURN TO ATTACH STATEMENTS OF
ELECTION UNDER IRC SECTION 168(H)(6)(F)(II). THE 2019 STATEMENTS HAD
NOT BEEN ATTACHED TO THE ORIGINAL RETURN. IN ADDITION, STATEMENTS FOR
YEARS PRIOR TO 2019 ARE ALSO BEING ATTACHED TO THIS RETURN.

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

THE FORM 990 IS REVIEWED IN DETAIL BY THE SENIOR VICE PRESIDENT/CFO/COO.
ONCE APPROVED, A COMPLETE COPY OF THE FORM 990 IS SENT TO THE BOARD FOR
REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION 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.

Name of the organization YES HOUSING, INC	Employer identification number 85-0388252
--	--

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 B, LINE 15A:

THE BOARD OF DIRECTORS ESTABLISHED A COMPENSATION COMMITTEE CONSISTING OF THREE BOARD MEMBERS TO REVIEW THE CEO COMPENSATION DATA PROVIDED BY SENIOR STAFF. THE BOARD HAS AGREED THAT THE COMPENSATION COMMITTEE SHOULD MEET TO REVIEW THE CEO'S COMPENSATION EVERY TWO TO THREE YEARS.

A COMPENSATION COMMITTEE WAS ESTABLISHED IN 2018 TO PERFORM A REVIEW OF THE CEO'S COMPENSATION. AT THE JUNE 2019 BOARD MEETING, THE BOARD ACCEPTED THE COMPENSATION COMMITTEE'S RECOMMENDATION THAT BOTH THE MONETARY AND TOTAL COMPENSATION OF YES' CEO IS IN LINE WITH OTHERS HOLDING SIMILAR POSITIONS.

COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS REVIEWED ON THEIR ANNUAL PERFORMANCE REVIEW/EVALUATION ANNIVERSARY. COMPENSATION AND PAY INCREASES ARE BASED UPON DEPARTMENT OF LABOR WAGE INFORMATION, GUIDESTAR COMPENSATION REPORTS, BUSINESS PUBLICATIONS AND ROBERT HALF SALARY GUIDES. SENIOR MANAGEMENT REVIEWS ALL COMPENSATION ANNUALLY AND THE CEO HAS THE ULTIMATE AUTHORITY TO APPROVE COMPENSATION FOR ALL EMPLOYEES EXCEPT HIS OWN.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND MOST RECENT AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, WWW.YESHOUSING.ORG, AND ARE ALSO MADE AVAILABLE UPON REQUEST.

Name of the organization YES HOUSING, INC	Employer identification number 85-0388252
---	---

FORM 990, PART X, LINE 13

THE ORGANIZATION HAS PROGRAM-RELATED INVESTMENTS THAT ARE DIRECTLY CONNECTED TO ITS MISSION OF PROVIDING LOW-INCOME HOUSING. ON THIS FORM 990, THE ORGANIZATION IS REPORTING THOSE INVESTMENTS ON LINE 13.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSET ADJUSTMENT RELATED TO OTERO VILLAGE ELIMINATING ENTRIES	109,916.
NET ASSET ADJUSTMENT RELATED TO VISTA GRANDE ELIMINATING ENTRIES	-1,349,386.
TOTAL TO FORM 990, PART XI, LINE 9	-1,239,470.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **YES HOUSING, INC** Employer identification number **85-0388252**

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
YES BRENTWOOD GARDENS APTS, LLC - 85-0483745 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES CDT JV LLC
YES MONTANA MEADOWS APTS, LLC - 85-0480048 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES CDT JV LLC
YES WILDEWOOD APARTMENTS, LLC - 85-0475448 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES CDT JV LLC
YES APPLE RIDGE APARTMENTS, LLC - 72-1526695 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES CDT JV LLC

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
YES HOUSING OF ARIZONA, INC. - 72-1534324 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	ARIZONA	501(C)(3)	LINE 7	YES HOUSING INC.	X	

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

Schedule R (Form 990) 2019

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
YES VISTA GRANDE APARTMENTS, LLC - 45-0514260, 901 PENNSYLVANIA ST. NE, ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES HOUSING
YES NSP, LLC - 27-0843963 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES HOUSING
YES LA HACIENDA LLC - 27-2931718 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES HOUSING
BRENTWOOD GARDENS APARTMENTS, LP - 85-0483988, 901 PENNSYLVANIA ST. NE, ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES CDT JV LLC
MONTANA MEADOWS APARTMENTS, LP - 85-0480049 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES CDT JV LLC
APPLE RIDGE APARTMENTS, LP - 72-1526697 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES CDT JV LLC
WILDEWOOD APARTMENTS, LP - 85-0475523 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES CDT JV LLC
OTERO VILLAGE APARTMENTS, LP - 86-0963359 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES HOUSING
YES OTERO VILLAGE LLC - 81-0918439 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES HOUSING
YES 6900 GONZALES LLC - 26-1395434 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES HOUSING

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HOPE VILLAGE LLC - 83-3485926 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES HOUSING
NUEVO ATRISCO LAND HOLDING LLC - 83-1773470 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES HOUSING
YES LIVE WORK LLC - 83-1383080 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES HOUSING
VISTA GRANDE APARTMENTS LP - 41-2096157 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	0.	0.	YES HOUSING

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BELLA VISTA TOWNHOMES, LP - 26-0727608, 901 PENNSYLVANIA ST. NE, ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES BELLA VISTA LLC	RELATED	-29.	-98,304.		X	N/A	X		.01%
LOS TRES APARTMENTS, LP - 87-0744393, 901 PENNSYLVANIA ST. NE, ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES LOS TRES LLC	RELATED	219,443.	4,980,167.		X	N/A	X		.01%
YES - CDT JV LLC - 81-1220965 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES HOUSING, INC.	RELATED	103,173.	1,488,696.		X	N/A	X		10.00%
ROSWELL SUMMIT APARTMENTS, LP - 26-0524103, 901 PENNSYLVANIA ST. NE, ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES ROSWELL SUMMIT APARTMENTS LLC	RELATED	-9.	411,030.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
YES BELLA VISTA, LLC - 26-0727524 901 PENNSYLVANIA ST NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES HOUSING, INC.	C CORP	-29.	-98,304.	100%	X	
YES ROSWELL SUMMIT, LLC - 26-0524004 901 PENNSYLVANIA ST NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES HOUSING, INC.	C CORP	-9.	411,030.	100%	X	
YES OF ARIZONA, LLC - 20-4086794 901 PENNSYLVANIA ST NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES HOUSING OF ARIZONA, INC.	C CORP	219,443.	657.	100%	X	
YES MOUNTAIN VIEW APARTMENTS, LLC - 27-3982257, 901 PENNSYLVANIA ST NE, ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES HOUSING, INC.	C CORP	-14.	52,017.	100%	X	
YES MESA DEL NORTE APARTMENTS LLC - 45-5247868, 901 PENNSYLVANIA ST NE, ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES HOUSING, INC.	C CORP	-16.	68,432.	100%	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
YES DEMING MOUNTAIN VIEW APARTMENTS LIMITED PARTNERSHIP, LLLP - 27-4067014, 901 PENNSYLVANIA	AFFORDABLE HOUSING	NM	YES MOUNTAIN VIEW APARTMENTS, LLC	RELATED	-14.	52,017.		X	N/A	X		.01%
MESA DEL NORTE APARTMENTS LIMITED PARTNERSHIP, LLLP - 37-1692664, 901 PENNSYLVANIA	AFFORDABLE HOUSING	NM	YES MESA DEL NORTE APARTMENTS, LLC	RELATED	-16.	68,432.		X	N/A	X		.01%
CASITAS DE COLORES, LLC - 27-3886246, 901 PENNSYLVANIA	AFFORDABLE HOUSING	NM	YES CASITAS LLC	RELATED	-27.	351,655.		X	N/A	X		.01%
ST. NE, ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES CASITAS LLC	RELATED	-27.	351,655.		X	N/A	X		.01%
GALLUP SUNSET HILLS APARTMENTS LLLP - 37-1713332, 901 PENNSYLVANIA ST. NE, ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES SUNSET HILLS APARTMENTS, LLC	RELATED	-23.	58,696.		X	N/A	X		.01%
YES LOS TRES LLC - 20-2786022 901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES OF ARIZONA, LLC	RELATED	219,443.	657.		X	N/A	X		70.00%
NEW LEAF COMMUNITY LIMITED PARTNERSHIP, LLLP - 36-4785269, 901 PENNSYLVANIA	AFFORDABLE HOUSING	NM	YES NEW LEAF COMMUNITY, LLC	RELATED	-29.	205,139.		X	N/A	X		.01%
ST. NE, ALBUQUERQUE, NM UR 205 SILVER, LLC - 46-4520630, 901 PENNSYLVANIA	AFFORDABLE HOUSING	NM	YES IMPERIAL LLC	RELATED	-57.	5,432,124.		X	N/A	X		.01%
ST. NE, ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES IMPERIAL LLC	RELATED	-57.	5,432,124.		X	N/A	X		.01%
SOLAR VILLA APARTMENTS LIMITED PARTNERSHIP, LLLP - 37-1848686, 901 PENNSYLVANIA	AFFORDABLE HOUSING	NM	YES SOLAR VILLA APARTMENTS, LLC	RELATED	-45.	196,252.		X	N/A	X		.01%
ST. NE, ALBUQUERQUE, NM	AFFORDABLE HOUSING	NM	YES SOLAR VILLA APARTMENTS, LLC	RELATED	-45.	196,252.		X	N/A	X		.01%
NUEVO ATRISCO APARTMENTS LIMITED PARTNERSHIP, LLLP - 36-4905159, 901 PENNSYLVANIA	AFFORDABLE HOUSING	NM	YES NUEVO ATRISCO LLC	RELATED	10.	3,726,290.		X	N/A	X		.01%
ST. NE, ALBUQUERQUE, NM	AFFORDABLE HOUSING	NM	YES NUEVO ATRISCO LLC	RELATED	10.	3,726,290.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NEW FRONTIER SENIOR LIVING LLC DBA NEW FRONTIER FAMILY LIVING LLC - 81-43501, 901 PENNSYLVANIA ST. NE, SKYVIEW TERRACE LIMITED PARTNERSHIP LLP - 84-2626781, 901 PENNSYLVANIA ST. NE, ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	NEW FRONTIER MM, LLC	RELATED	0.	0.		<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>		.01%
	AFFORDABLE HOUSING	NM	YES SKYVIEW TERRACE LLC	RELATED	0.	41,473.		<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>		.01%

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
YES SUNSET HILLS APARTMENTS, LLC - 46-1966525, 901 PENNSYLVANIA ST NE, ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES HOUSING, INC.	C CORP	-23.	58,696.	100%	X	
YES CASITAS APARTMENTS, LLC - 45-5548512 901 PENNSYLVANIA ST NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES HOUSING, INC.	C CORP	-27.	351,655.	51.00%	X	
YES NEW LEAF COMMUNITY, LLC - 46-5607866 901 PENNSYLVANIA ST NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES HOUSING, INC.	C CORP	-29.	205,139.	100%	X	
YES IMPERIAL, LLC - 47-1168335 901 PENNSYLVANIA ST NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES HOUSING, INC.	C CORP	-57.	5,432,456.	100%	X	
YES SOLAR VILLA APARTMENTS, LLC - 81-5199464 901 PENNSYLVANIA ST NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES HOUSING, INC.	C CORP	-45.	196,252.	100%	X	
YES NUEVO ATRISCO LLC - 83-1293117 901 PENNSYLVANIA ST NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES HOUSING, INC.	C CORP	10.	3,726,290.	100%	X	
YES SKYVIEW TERRRACE LLC - 84-2379101 901 PENNSYLVANIA ST NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NM	YES HOUSING, INC.	C CORP	0.	31,473.	100%	X	

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SKYVIEW TERRACE LP, LLLP	D	871,910.	ACTUAL AMOUNT INVOLVED
(2) NUEVO ATRISCO LP, LLLP	D	2,990,000.	ACTUAL AMOUNT INVOLVED
(3) YES HOUSING OF ARIZONA, INC.	D	426,029.	ACTUAL AMOUNT INVOLVED
(4) SKYVIEW TERRACE LP, LLLP	L	280,800.	ACTUAL AMOUNT INVOLVED
(5) NUEVO ATRISCO LP, LLLP	L	928,200.	ACTUAL AMOUNT INVOLVED
(6)			

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) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

YES DEMING MOUNTAIN VIEW APARTMENTS LIMITED PARTNERSHIP,
LLLP

EIN: 27-4067014

901 PENNSYLVANIA ST. NE

ALBUQUERQUE, NM 87110

DIRECT CONTROLLING ENTITY: YES MOUNTAIN VIEW APARTMENTS, LLC

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MESA DEL NORTE APARTMENTS LIMITED PARTNERSHIP, LLLP

EIN: 37-1692664

901 PENNSYLVANIA ST. NE

ALBUQUERQUE, NM 87110

DIRECT CONTROLLING ENTITY: YES MESA DEL NORTE APARTMENTS, LLC

NAME OF RELATED ORGANIZATION:

GALLUP SUNSET HILLS APARTMENTS LLLP

DIRECT CONTROLLING ENTITY: YES SUNSET HILLS APARTMENTS, LLC

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NEW LEAF COMMUNITY LIMITED PARTNERSHIP, LLLP

EIN: 36-4785269

901 PENNSYLVANIA ST. NE

ALBUQUERQUE, NM 87110

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

Part VII Supplemental Information

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

SOLAR VILLA APARTMENTS LIMITED PARTNERSHIP, LLLP

EIN: 37-1848686

901 PENNSYLVANIA ST. NE

ALBUQUERQUE, NM 87110

DIRECT CONTROLLING ENTITY: YES SOLAR VILLA APARTMENTS, LLC

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NUEVO ATRISCO APARTMENTS LIMITED PARTNERSHIP, LLLP

EIN: 36-4905159

901 PENNSYLVANIA ST. NE

ALBUQUERQUE, NM 87110

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NEW FRONTIER SENIOR LIVING LLC DBA NEW FRONTIER FAMILY

LIVING LLC

EIN: 81-4350105

901 PENNSYLVANIA ST. NE

ALBUQUERQUE, NM 87110

Form **8868**
(Rev. January 2020)

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

OMB No. 1545-0047

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 print	Name of exempt organization or other filer, see instructions. YES HOUSING, INC	Taxpayer identification number (TIN) 85-0388252
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 901 PENNSYLVANIA ST. NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBUQUERQUE, NM 87110	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

HOLLY BARELA

- The books are in the care of ► **901 PENNSYLVANIA ST. NE - ALBUQUERQUE, NM 87110**
Telephone No. ► **505-923-9606** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year **2019** or
 ► tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

Electronic Filing PDF Attachment

STATEMENT OF ELECTION UNDER
IRC § 168(h)(6)(F)(ii)

1. The Taxpayer's name, address and federal ID number are:

YES Bella Vista, LLC
104 Roma NW
Albuquerque, New Mexico 87102
EIN: 26-0727524

2. The Taxpayer hereby elects to be treated as a taxable entity for certain purposes pursuant to Internal Revenue Code § 168(h)(6)(F)(ii).

YES Bella Vista, LLC

By: 

Joseph R. Ortega, Its Manager

STATEMENT OF ELECTION UNDER
IRC § 168(h)(6)(F)(ii)


1. The Taxpayer's name, address and federal ID number are:

YES Roswell Summit Apartments, LLC
104 Roma NW
Albuquerque, New Mexico 87102
EIN: 26-0524004

2. The Taxpayer hereby elects to be treated as a taxable entity for certain purposes pursuant to Internal Revenue Code § 168(h)(6)(F)(ii).

YES Roswell Summit Apartments, LLC

By: YES Housing, Inc.,
Sole Member

By: 
Joseph R. Ortega,
Executive Vice President

STATEMENT OF ELECTION UNDER
IRC § 168(h)(6)(F)(ii)

1. The Taxpayer's name, address and federal ID number are:

YES Mountain View Apartments, LLC
104 Roma Ave. NW
Albuquerque, New Mexico 87102
EIN: 27-3982257

2. The Taxpayer hereby elects to be treated as a taxable entity for certain purposes pursuant to Internal Revenue Code § 168(h)(6)(F)(ii).

YES Mountain View Apartments, LLC

By: _____


Joseph R. Ortega, Manager

STATEMENT OF ELECTION UNDER
IRC § 168(h)(6)(F)(ii).

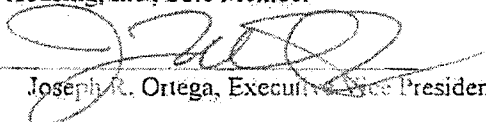
1. The Taxpayer's name, address and federal ID number are:

YES Mesa Del Norte Apartments, LLC
104 Roma Ave. NW
Albuquerque, New Mexico 87102
EIN: 45-5247868

2. The Taxpayer hereby elects to be treated as a taxable entity for certain purposes pursuant to Internal Revenue Code § 168(h)(6)(F)(ii).

YES Mesa Del Norte Apartments, LLC

By: YES Housing, Inc., Sole Member

By: 
Joseph R. Ortega, Executive Vice President

STATEMENT OF ELECTION UNDER
IRC § 168(h)(6)(F)(ii)

1. The Taxpayer's name, address and federal ID number are:

YES Casitas, LLC
104 Roma Ave. NW
Albuquerque, New Mexico 87102
EIN: 45-5548512

2. The Taxpayer hereby elects to be treated as a taxable entity for certain purposes pursuant to Internal Revenue Code § 168(h)(6)(F)(ii).

YES Casitas, LLC

By: YES Housing, Inc., Sole Member

By: 

Joseph R. Ortega, Executive Vice President

STATEMENT OF ELECTION UNDER
IRC § 168(h)(6)(F)(ii)

1. The Taxpayer's name, address and federal ID number are:

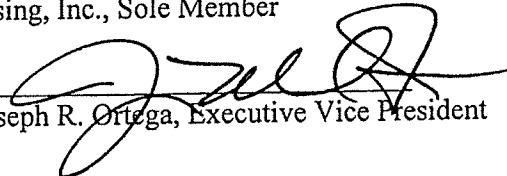
YES Sunset Hills Apartments, LLC
104 Roma Ave. NW
Albuquerque, New Mexico 87102
EIN: 46-1966525

2. The Taxpayer hereby elects to be treated as a taxable entity for certain purposes pursuant to Internal Revenue Code § 168(h)(6)(F)(ii).

YES Sunset Hills Apartments, LLC

By: YES Housing, Inc., Sole Member

By: _____


Joseph R. Ortega, Executive Vice President

STATEMENT OF ELECTION UNDER
IRC § 168(h)(6)(F)(ii)

1. The Taxpayer's name, address and federal ID number are:

YES New Leaf Community, LLC
104 Roma Ave. NW
Albuquerque, New Mexico 87102
EIN: 46-5607866

2. The Taxpayer hereby elects to be treated as a taxable entity for certain purposes pursuant to Internal Revenue Code § 168(h)(6)(F)(ii).

YES New Leaf Community, LLC

By: YES Housing, Inc., Sole Member

By:


Joseph R. Ortega, Executive Vice President.

STATEMENT OF ELECTION UNDER
IRC § 168(h)(6)(F)(ii)


1. The Taxpayer's name, address and federal ID number are:

YES IMPERIAL, LLC
104 Roma Ave. NW
Albuquerque, New Mexico 87102
EIN: 47-1168335

2. The Taxpayer hereby elects to be treated as a taxable entity for certain purposes pursuant to Internal Revenue Code § 168(h)(6)(F)(ii).

YES IMPERIAL, LLC

By: YES HOUSING, INC., Sole Member

By: 
Joseph R. Ortega, Executive Vice President

STATEMENT OF ELECTION UNDER
IRC § 168(h)(6)(F)(ii)

1. The Taxpayer's name, address and federal ID number are:

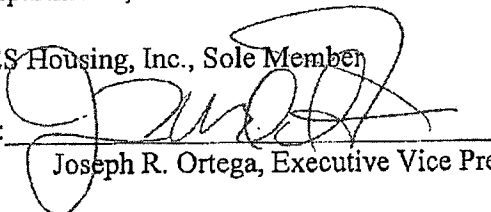
YES Solar Villa Apartments, LLC
901 Pennsylvania St. NE
Albuquerque, New Mexico 87110
EIN: 81-5199464

2. The Taxpayer hereby elects to be treated as a taxable entity for certain purposes pursuant to Internal Revenue Code § 168(h)(6)(F)(ii).

YES Solar Villa Apartments, LLC

By: YES Housing, Inc., Sole Member

By:



Joseph R. Ortega, Executive Vice President

STATEMENT OF ELECTION UNDER
IRC § 168(h)(6)(F)(ii)

1. The Taxpayer's name, address and federal ID number are:

YES Skyview Terrace, LLC
901 Pennsylvania St. NE
Albuquerque, New Mexico 87110
EIN: 84-2379101

2. The Taxpayer hereby elects to be treated as a taxable entity for certain purposes pursuant to Internal Revenue Code § 168(h)(6)(F)(ii).

YES Skyview Terrace, LLC

By: YES Housing, Inc., Sole Member

By: Holly Barela
Holly Barela, Senior Vice President / CFO

STATEMENT OF ELECTION UNDER
IRC § 168(h)(6)(F)(ii)

1. The Taxpayer's name, address and federal ID number are:

YES Nuevo Atrisco, LLC
901 Pennsylvania St. NE
Albuquerque, New Mexico 87110
EIN: 83-1293117

2. The Taxpayer hereby elects to be treated as a taxable entity for certain purposes pursuant to Internal Revenue Code § 168(h)(6)(F)(ii).

YES Nuevo Atrisco, LLC

By: YES Housing, Inc., Sole Member

By: Holly Barela
Holly Barela, Senior Vice President / CFO