EXTENDED TO NOVEMBER 15, 2022

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

▶ 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.

Department of the Treasury Internal Revenue Service

Open to Public

A F	or the	e 2021 calendar year, or tax year beginning	and	ending		
	heck if	C Name of organization			D Employer identifi	cation number
	Addre		INC.			
	Name chang				72-15343	24
	Initial return	Number and street (or P.O. box if mail is not delive	rered to street address)	Room/suite	E Telephone numbe	
	Final return/	901 PENNSYLVANIA ST. NE			505-923-	
	termin ated		G Gross receipts \$	4,473,422.		
X	Ameno return	ALBOQUERQUE, NM 0/110	CETTIE C DAGA		H(a) Is this a group re	
	Application pendir		STINE C. BACA		for subordinates	
		SAME AS C ABOVE empt status: X 501(c)(3) 501(c) ( )◀	1 (incort no.)	507	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) ◀ te: WWW.YESHOUSING.ORG	(insert no.) 4947(a)(1)	or 527	H(c) Group exemption	list. See instructions
			ociation Other	I Vear		M State of legal domicile: AZ
		Summary	odiation P	<b>L</b> 10ai	or formation. 2002[1	VI State of legal doffile.212
	_	Briefly describe the organization's mission or most s	ignificant activities: DEVE	LOPMEN	T OF AFFORD	ABLE
Governance		HOUSING FOR YOUTH AND FAMI				
rnar	2	Check this box  if the organization discont	inued its operations or dispos	sed of more	than 25% of its net as:	sets.
ove	3	Number of voting members of the governing body (F	Part VI, line 1a)		3	5 2
	4	Number of independent voting members of the gove	erning body (Part VI, line 1b)		4	
es &	5	Total number of individuals employed in calendar year	ar 2021 (Part V, line 2a)		5	0
vitic		Total number of volunteers (estimate if necessary) $$				2
Activities &		Total unrelated business revenue from Part VIII, colu				0.
_	b	Net unrelated business taxable income from Form 99	90-T, Part I, line 11	<u></u>		0.
					Prior Year	Current Year
ne					<u>0.</u> 581,883.	0.
Revenue					15,793.	1,512,878.
Re		Investment income (Part VIII, column (A), lines 3, 4, a Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			243,489.	245,000.
		Total revenue - add lines 8 through 11 (must equal P			841,165.	1,757,878.
		Grants and similar amounts paid (Part IX, column (A)			0.	0.
		Benefits paid to or for members (Part IX, column (A),		0.	0.	
ú		Salaries, other compensation, employee benefits (Pa			0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), lin			0.	0.
cbel		Total fundraising expenses (Part IX, column (D), line		0.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	1f-24e)		110,005.	
	18	Total expenses. Add lines 13-17 (must equal Part IX,	column (A), line 25)		110,005.	1,927,671.
	19	Revenue less expenses. Subtract line 18 from line 12	2		731,160.	-169,793.
s or				Ве	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)			4,017,689.	521,637.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			3,380,424. 637,265.	54,165. 467,472.
Pa	rt II	Net assets or fund balances. Subtract line 21 from line Signature Block	ne 20		031,203.	407,472.
		Ities of perjury, I declare that I have examined this return, in	ncluding accompanying schedule	s and stateme	ents, and to the hest of my	/ knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer)				, knowledge and boller, it is
,	001100	A Cons		non proparer	4/20/23	
Sigr	1	Signature of officer			Date	
Her		AUGUSTINE C. BACA, PRES	IDENT/CEO			
		Type or print name and title				
			Preparer's signature		Date Check C	PTIN
Paid			AMELA ALEXANDE	RSON 0	4/20/23 self-employ	
Prep		Firm's name MOSS ADAMS LLP			Firm's EIN ▶	91-0189318
Use	Only	Firm's address 5565 AMERICAS PAR		U		E 070 7000
		ALBUQUERQUE, NM 8			Phone no. 5 0	5-878-7200 X Yes No
IVIAV	tne II	RS discuss this return with the preparer shown above	e caee instructions			X Yes No

132002 12-09-21

including grants of \$

1,886,927.

Other program services (Describe on Schedule O.)

Form 990 (2021)

## YES HOUSING OF ARIZONA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			, .
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
				X
14a		14a		<del>  ^</del>
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	444		x
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4-		<sub>v</sub>
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ <b>.</b> ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form	rt IV   Checklist of Required Schedules (continued)	4324	P	age <b></b>
Га	Checklist of Required Schedules (continued)		Yes	T No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	—	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	—	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b	$\vdash$	<u> </u>
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%			<b>₩</b>
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	$\vdash$	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	07		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		<b>†</b>	X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		<u> </u>
_	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	↓	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	₩
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
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)? If "Yes," complete Schedule R, Part V, line 2	35b	$\vdash$	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
<b></b>	If "Yes," complete Schedule R, Part V, line 2	36	+-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<sub>~</sub>
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	$\vdash$	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	_ 41	
	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	7		
		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2021)

(gambling) winnings to prize winners?

Form 990 (2021)

YES HOUSING OF ARIZONA, INC.

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 0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x		
h	If "Yes," enter the name of the foreign country					
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30				
6a		6a		х		
<b>L</b>	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a				
b		Ch				
_	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	<b>-</b> -		~		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			\ <b>.</b>		
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year			37		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>7e</u> 7f		X		
f						
g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
а	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.)					
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					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
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					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
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?	15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

YES HOUSING OF ARIZONA, INC.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 5 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. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's Х exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. X Own website X Upon request Another's website \_\_\_ Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records HOLLY BARELA - 505-923-9606

Form **990** (2021)

NM

901 PENNSYLVANIA ST. NE, ALBUQUERQUE,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos			one	Reportable	Reportable	Estimated
	hours per	box	do not check more than one ox, unless person is both an fficer and a director/trustee)				n an	compensation	compensation	amount of
	week	_	cer ar	ia a a	irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	ordi	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		99	npeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	tiona	١.	nploy	st cor	_	1033 (VEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) AUGUSTINE C BACA	5.00	_	_	Ŭ		1				
PRESIDENT/CEO		х		х				0.	236,216.	66,559.
(2) MICHELLE DENBLEYKER	5.00								•	•
BOARD MEMBER		Х		Х				0.	156,268.	67,093.
(3) HOLLY M BARELA	5.00									
SECRETARY/TREASURER		Х		Х				0.	159,357.	52,250.
(4) DR BEVERLEE MCCLURE	0.20									
CHAIR		Х		Х				0.	0.	0.
(5) LAWRENCE CHAVEZ	0.20									
VICE CHAIR	0.50	Х		Х				0.	0.	0.
						$\vdash$				
						$\vdash$				
		•								
						_				
						$\vdash$				

Form 990 (2021)

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	E	stimat	ed
		hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	ar	nount	of
		week		cer an	la a a	recto	r/trus	lee)	from	from related		other	
		(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	1	pensa rom th	
		related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	1	janiza	
		organizations	truste	al tru:		yee	ım per		1099-NEC)	,	1 '	d rela	
		below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			org	anizat	ions
		line)	Indi	Insti	Officer	Key	High	Former					
				++++									
	Subtotal								0.	551,841.	18	5,9	
С	Total from continuation sheets to Part VI	I, Section A							0.	0.	ļ.,		0.
d	Total (add lines 1b and 1c)							<u> </u>	0.	551,841.	18	5,9	02.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			^
	compensation from the organization											Yes	0 No
2	Did the executation list only former officer	director turnst	aa l					hia	wheat componented amp	lavas an		162	NO
3	Did the organization list any <b>former</b> officer,			-	-	-		-		•	3		х
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su								ner compensation from t		3		
7	•	•								-	4	Х	
5	and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i> 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services												
_	rendered to the organization? If "Yes," complete Schedule J for such person										5		х
Sec	Section B. Independent Contractors												
1	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 ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
	(A)								(B)			C)	
T 17:7	Name and business	address						$\dashv$	Description of s  ARIZONA DEVE		Compe	nsatio	n
	AVITT CAPITAL LLC	T	0 E	26	Λ				ARIZONA DEVE CONSULTING	POPMENT.	1 2	۶ ۵	17
14:	580 N 92ND PL, SCOTTSDA	ль, Ал	03	<u>⊿0</u>	U			$\dashv$	CONSOLITING			0,0	<u> 17.</u>

Form **990** (2021)

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

			Check if Schedule O c	ontain	is a resnoi	nee or	note to any lin	e in this Part VIII			
			Officer if Octredule O C	Ontail	is a respoi	136 01	note to any iin	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenuè excluded
									function revenue	business revenue	from tax under
											sections 512 - 514
, Grants mounts	1 :	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	I	b	Membership dues		1b						
e, e		С	Fundraising events		1c						
ifts			Related organizations								
nis nis			Government grants (contri								
Sir			All other contributions, gifts, g								
uti Je		٠									
ē			similar amounts not included								
ont		_	Noncash contributions included in li								
<u>∵</u> ≅		h	Total. Add lines 1a-1f								
						_	Business Code				
e	2	а				_					
e Ķ	I	b				L					
am Ser evenue		С									
an eve		d									
Program Service Revenue		е									
Pro			All other program service r	evenu	e						
			Total. Add lines 2a-2f			_	<b>•</b>				
	3	9	Investment income (includ								
	3										
	_		other similar amounts)								
	4		Income from investment of		-	-			1		
	5		Royalties	·····		· · · · · · · · · · · · · · · · · · ·					
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
	1	b	Less: rental expenses	6b							
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss)								
			Gross amount from sales of		(i) Securiti		(ii) Other				
		_	assets other than inventory	7a	()		4228422.				
		h	Less: cost or other basis	, a							
ø)	'	D		76			2715544.				
Ď			and sales expenses	7b 7c			1512878.				
Revenue			, ,					1 510 070	1 510 070		
Ř			Net gain or (loss)			······	<b></b>	1,512,878.	1,512,878.		
her	8	а	Gross income from fundraisin	ig even	ts (not						
ð					of						
			contributions reported on	line 1c	:). See						
			Part IV, line 18			8a					
	1	b	Less: direct expenses			8b					
		С	Net income or (loss) from f	undra	ising even	ts					
	9	а	Gross income from gaming	a activ	ities. See						
			Part IV, line 19	_		9a					
		h	Less: direct expenses			9b					
			Net income or (loss) from g								
						`\					
	10	а	Gross sales of inventory, le								
			and allowances			10a					
	I	b	Less: cost of goods sold			10b					
		С	Net income or (loss) from s	sales c	of inventor	у					
"							Business Code				
ino e	11 :	а	PROPERTY MANAGEMENT	FEE			900099	245,000.	. 245,000.		
ine nue		b				_ [					
Miscellaneous Revenue		С				_					
ŠČ			All other revenue			_					
Σ			Total. Add lines 11a-11d				<b></b>	245,000			
	12		Total revenue. See instruction					1,757,878.		0.	0.
	12		iotal levellue. See ilistiticilo	611			<b>/</b>	1,737,070	1,737,070.		ı

### 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 (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 5,414. 5,414. Legal 8,133. 8,133. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 126,817. 126,817. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 33. 33. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 3,775. 3,775. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 509. 465. 44. Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 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.) 1,759,641. 1,759,641. OPERATING TRANSFERS 23,339. ADJUSTMENT TO DEVELOPME 23,339. 10. 4. MEMBERSHIP AND LICENSE С d All other expenses 1,927,671. 1,886,927. 40,744. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Pai	rt X	Balance Sneet				
		Check if Schedule O contains a response or note to any	line in this Part X		·····	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,027.	1	1,000
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial co	ntributor, or 35%			
		controlled entity or family member of any of these person	ns		5	
ς.	6	Loans and other receivables from other disqualified pers	ons (as defined			
		under section 4958(f)(1)), and persons described in secti		6		
	7	Notes and loans receivable, net		4,006,662.	7	480,553
Assets	8	Inventories for sale or use			8	
ğ	9	B		10,000.	9	40,000
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13	84	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33	)	4,017,689.	16	521,637
	17	Accounts payable and accrued expenses			17	54,165
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV o	Schedule D		21	
Ś	22	Loans and other payables to any current or former office	r, director,			
Liabilities		trustee, key employee, creator or founder, substantial co	ntributor, or 35%			
<u>a</u>		controlled entity or family member of any of these person	าร		22	
_	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	arties		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		3,380,424.	25	0
	26	Total liabilities. Add lines 17 through 25		3,380,424.	26	54,165
۰,		Organizations that follow FASB ASC 958, check here	ightharpoonup [X]			
Se		and complete lines 27, 28, 32, and 33.		605.065		465 450
<u>a</u>	27			637,265.	27	467,472
Ba	28	Net assets with donor restrictions			28	
ב		Organizations that do not follow FASB ASC 958, chec	k here 🕨 🔛			
Ī		and complete lines 29 through 33.				
<u>ဂ</u>	29	Capital stock or trust principal, or current funds			29	
Se.	30	Paid-in or capital surplus, or land, building, or equipment			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or			31	
Š	32	Total net assets or fund balances		637,265.	32	467,472
	33	Total liabilities and net assets/fund balances		4,017,689.	33	521,637

Form **990** (2021)

LOIII	1990 (2021) IED HOUDING OF ARTZONA, INC.	, 4	T224274	Pa	ge 🟴
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,75		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,92	7,6	<u>71.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-16		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63	7,2	65.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	46	7,4	<u>72.</u>
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<del>                                     </del>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
_	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С				х	
	review, or compilation of its financial statements and selection of an independent accountant?				
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-	<b>I</b>		x
L-	Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.		3a		<u>^</u>
a			01.		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Total

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

2021

Open to Public Inspection

**Employer identification number** Name of the organization YES HOUSING OF ARIZONA, 72-1534324 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		250,000.				250,000.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		250,000.				250,000.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						250,000.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		250,000.				250,000.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				15,793.		15,793.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						265,793.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	1,232,408.
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third, fo	ourth, or fifth tax	year as a section 50	D1(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	tion C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2021 (lin	ne 6, column (f), d	ivided by line 11, co	olumn (f))		14	94.06 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	94.06 %
16a	33 1/3% support test - 2021. If the o	rganization did no	t check the box on	line 13, and line	14 is 33 1/3% or me	ore, check this b	
	stop here. The organization qualifies a	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2020. If the o	rganization did no	t check a box on lir	ne 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	his box
	and <b>stop here.</b> The organization quali	fies as a publicly s	supported organizat	tion			<b>&gt;</b>
17a	10% -facts-and-circumstances test	- <b>2021.</b> If the org	anization did not cl	neck a box on lin	e 13, 16a, or 16b, a	nd line 14 is 10%	6 or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check this I	oox and stop he	ere. Explain in Part	VI how the organ	ization
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pub	olicly supported o	organization		<b>&gt;</b>
b	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not cl	neck a box on lin	e 13, 16a, 16b, or 1	7a, and line 15 is	s 10% or
	more, and if the organization meets th	e facts-and-circun	nstances test, chec	k this box and s	top here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	e organization qual	lifies as a publicly	/ supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17l	b, check this box ar	nd see instruction	ns ▶

Schedule A (Form 990) 2021

# 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.)

Se	ction A. Public Support	siow, piease comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						V
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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(1) = 2 · ·	, , , , , , , , , , , , , , , , , , ,	(2)	(4) = = =	(2,7===	(),
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504( )(0)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	. —
Se	check this box and stop here ction C. Computation of Publi	c Support Par	rcentage				<b>P</b>
	•			l (f))		45	
	Public support percentage for 2021 (li					15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>%</u>
	•			ino 13 column (f)\		17	
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	a 33 1/3% support tests - 2021. If the						
136	more than 33 1/3%, check this box ar						▶ □
k	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, chece <b>Private foundation.</b> If the organization						
/()	ELIVATE TOURGATION, IT THE ORGANIZATION	н ою пот спеск а	DOX ON line 14 19	a or igo check fr	us dox and see in:	SILLICHOUS	<b>■</b>

132023 01-04-22

Schedule A (Form 990) 2021

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3a	1		
3a			
3a			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c	3a		
3c			
3c			
4a	3b		
4a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c	4a		
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b	4b		
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b	_		
5b	4c		
5b			
5c 6 7 8 9a 9b 9c	5a		
5c 6 7 8 9a 9b 9c	Eh		
6 7 8 9a 9b 9c			
7 8 9a 9b	50		
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b	6		
9a 9b 9c			
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c			
9b 9c	8		
9b 9c			
9b 9c			
9c	9a		
9c			
	9b		
100	9с		
100			
1 400			
iua	10a		
10b   10b   2001			

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Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
C1	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	-		
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion b. All Type III Supporting Organizations			l
_	Did the constitution and ideals and of the constitution and the last describe (file constitution)		Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

	rt V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	ilizations (continu	<u>uea)</u>	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	<u> </u>		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	Г	10	
		(i)	(ii)		(iii)
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

# **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

Inspection

Name of the organization YES HOUSING OF ARIZONA, INC. **Employer identification number** 72-1534324

Schedule D (Form 990) 2021

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff	•	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, h		
6	Starr and volunteer riours devoted to monitoring, inspecting, in	andling of violations, and emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	ion essements during the year
•	S	ing of violations, and emoroning conservat	non casements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b	n)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	ÿ	
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	s.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> 4
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

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

Par	t III	Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	Other S	imila	Assets	(conti	nued)	
3												
	collect	tion items (check all that apply):										
а		Public exhibition	d	I 🔲 L	oan or exc	hange program	า					
b		Scholarly research	е	· 🗌 o	ther							
С		Preservation for future generations										
4	Provid	le a description of the organization's co	llections and explair	n how the	y further th	ne organization	's exempt	t purpos	se in Part	XIII.		
5	During	g the year, did the organization solicit o	r receive donations o	of art, hist	orical treas	sures, or other	similar as	sets				
	to be	sold to raise funds rather than to be ma	aintained as part of th	he organiz	zation's co	llection?				Yes		No
Par	t IV	Escrow and Custodial Arrang	gements. Comple	ete if the o	organizatio	n answered "Y	es" on Fo	rm 990	, Part IV, I	ine 9, or	•	
		reported an amount on Form 990, Par										
1a	Is the	organization an agent, trustee, custodi	an or other intermed	iary for co	ontributions	s or other asse	ts not inc	luded				
	on For	rm 990, Part X?							$\square$	Yes		No
b		s," explain the arrangement in Part XIII										
										Amoun	t	
С	Beginn	ning balance						1c				
d	Addition	ons during the year						1d				
е		outions during the year						1e				
f		g balance						1f				
2a	Did th	e organization include an amount on Fo	orm 990, Part X, line	21, for es	crow or cu	ıstodial accour	nt liability?	?	$\square$	Yes		No
		s," explain the arrangement in Part XIII.										
Par	t V	Endowment Funds. Complete i	f the organization an	swered "	Yes" on Fo	rm 990, Part IV	/, line 10.					
			(a) Current year	<b>(b)</b> Pri	or year	(c) Two years	back (d)	Three y	ears back	(e) Fou	r years	back
1a	Beginn	ning of year balance										
b	Contri	butions										
С		vestment earnings, gains, and losses										
d	Grants	s or scholarships										
е	Other	expenditures for facilities										
	and pr	rograms										
f	Admin	nistrative expenses										
g	End of	f year balance										
2	Provid	le the estimated percentage of the curr	ent year end balance	e (line 1g,	column (a)	)) held as:						
а	Board	designated or quasi-endowment		_%								
b	Perma	anent endowment 🕨	%									
С	Term 6	endowment >	%									
	The pe	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are th	ere endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administered	d for the c	organiza	ation			
	by:										Yes	No
	(i) Ur	nrelated organizations								3a(i)		<u> </u>
		elated organizations								3a(ii)		<u> </u>
b	If "Yes	s" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	nedule R?					3b		
4		be in Part XIII the intended uses of the		wment fu	nds.							
Par	t VI	Land, Buildings, and Equipm										
		Complete if the organization answered	d "Yes" on Form 990	), Part IV,	line 11a. S	See Form 990, F	Part X, line	e 10.				
		Description of property	(a) Cost or o basis (investr			or other (other)	(c) Accı depre	umulate ciation	ed	(d) Boo	k valu	e
1a	Land											
		ngs										
С	Lease	hold improvements										
d	Equip	ment										
е	Other											
Total	. Add li	ines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part	X, column	(B), line 1	0c.)						0.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 YES HOUSING Part VII Investments - Other Securities.	OF ARIZONA,	INC. 72	-1534324 Page
Complete if the organization answered "Yes" of	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	d-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" o		_	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) <sup>[</sup>	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  Part X Other Liabilities.	<u>15.)</u>	<b>&gt;</b>	
Complete if the organization answered "Yes" of	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)			
(3)			
(4)			
(5)			
(6)			

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

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

Schedule D (Form 990) 2021

(7) (8)

4c

	VEG HOUGING OF ARTROYS	TNO	70 1524204	
	dule D (Form 990) 2021 YES HOUSING OF ARIZONA,  t XI Reconciliation of Revenue per Audited Financial State		72-1534324	Page
Pai			ie per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	T . T	
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	I I		
С	Recoveries of prior year grants	I I		
d	Other (Describe in Part XIII.)	2d		
е	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:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Par	t XII Reconciliation of Expenses per Audited Financial State	ements With Expen	ses 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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	I I		
е	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:			

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, Part XIII Supplemental Information.

**b** Other (Describe in Part XIII.) c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

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

#### PART X, LINE 2:

WITH THE EXCEPTIONS OF THE PARTNERSHIPS, ALL ENTITIES OF YES AND YES HOUSING OF ARIZONA ARE NON-PROFIT CORPORATIONS AND QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE CLASSIFIED AS OTHER THAN PRIVATE FOUNDATIONS. AS SUCH, THEIR NORMAL ACTIVITIES DO NOT RESULT IN ANY INCOME TAX LIABILITY. YES DID NOT INCUR ANY UNRELATED BUSINESS TAXABLE INCOME FOR THE YEARS ENDED DECEMBER 2021 AND 2020. AS A RESULT, YES DID NOT RECOGNIZE FEDERAL AND STATE 2021 AND 2020. INCOME TAX FOR THE YEARS ENDED DECEMBER 31,

NEW LEAF COMMUNITY LP, LLLP, UR 205 SILVER, LLC, WILDEWOOD APARTMENTS, BRENTWOOD GARDENS APARTMENTS, LP, MONTANA MEADOWS APARTMENTS, LP, LOS TRES Schedule D (Form 990) 2021 132054 10-28-21

APARTMENTS, LP, GALLUP SUNSET HILLS LP, LLLP, VISTA GRANDE APARTMENTS, LP, APPLE RIDGE APARTMENTS, LP, BELLA VISTA TOWNHOMES, LP, MESA DEL NORTE APARTMENTS LP, LLLP, YES DEMING MOUNTAIN VIEW APARTMENTS LP, LLLP, ROSWELL SUMMIT APARTMENTS, LP, SOLAR VILLA APARTMENTS, LP, LLLP, YES LA HACIENDA, LLC, OTERO VILLAGE APARTMENTS, LP, NUEVO ATRISCO APARTMENTS, LP LLLP, SKYVIEW TERRACE, LP, LLLP, COPPER TERRACE LIMITED PARTNERSHIP LP, LLLP, AND NEW FRONTIER FAMILY LIVING, LLC AS PARTNERSHIPS, ARE NOT SUBJECT TO FEDERAL INCOME TAX. THE PARTNERS SEPARATELY ACCOUNT FOR THEIR PRO-RATA SHARE OF THE PARTNERSHIPS' ITEMS OF INCOME, DEDUCTIONS, LOSSES, AND CREDITS. THEREFORE, NO PROVISION IS MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS FOR LIABILITIES FOR FEDERAL, STATE, OR LOCAL INCOME TAXES SINCE SUCH LIABILITIES ARE THE RESPONSIBILITY OF THE INDIVIDUAL PARTNERS.

YES WOULD RECOGNIZE ACCRUED INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. THERE WAS NO SUCH INTEREST OR PENALTIES RECORDED FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020.

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** 

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.

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number

OMB No. 1545-0047

YES HOUSING OF ARIZONA, INC.

Questions Regarding Compensation

72-1534324

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits			
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) AUGUSTINE C BACA	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT/CEO	(ii)	219,664.	3,489.	13,063.	41,465.	25,094.	302,775.	0.	
(2) MICHELLE DENBLEYKER	(i)	0.	0.	0.	0.	0.	0.	0.	
BOARD MEMBER	(ii)	155,253.	1,015.	0.	31,872.	35,221.	223,361.	0.	
(3) HOLLY M BARELA	(i)	0.	0.	0.	0.	0.	0.	0.	
SECRETARY/TREASURER	(ii)	158,342.	1,015.	0.	31,872.	20,378.	211,607.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
_	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
FORM 990, SCHEDULE J- PART I, LINE 3
THE OFFICERS LISTED ARE COMPENSATED BY YES HOUSING, INC., A RELATED
TAX-EXEMPT ORGANIZATION. YES HOUSING, INC. CHECKS THE FOLLOWING BOXES
ON ITS SCHEDULE J - COMPENSATION COMMITTEE - FORM 990 OF OTHER
ORGANIZATIONS - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR
COMPENSATION COMMITTEE.

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

YES HOUSING OF ARIZONA, INC.

Employer identification number 72-1534324

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

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

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

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

FILING.

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

A CONFLICT OF INTEREST STATEMENT IS SIGNED BY EACH MEMBER OF THE BOARD,

OFFICERS, AND KEY EMPLOYEES EVERY YEAR. THE STATEMENT EXPLAINS THE TERMS

AND ASKS FOR DETAILS REGARDING ANY CONFLICT. IF A CONFLICT ARISES THAT

RELATES TO AN EMPLOYEE, IT IS REVIEWED BY THE CEO AND THEN IS PRESENTED TO

THE INDEPENDENT MEMBERS OF THE BOARD IF NECESSARY. IF A CONFLICT ARISES

THAT RELATES TO A BOARD MEMBER, IT IS REVIEWED BY THE CHAIRMAN OF THE BOARD

AND THEN PRESENTED TO THE INDEPENDENT MEMBERS OF THE BOARD IF NECESSARY. A

PERSON WITH A CONFLICT IS NOT ALLOWED TO VOTE ON SUCH TRANSACTIONS.

BI-WEEKLY MANAGEMENT AND MONTHLY STAFF MEETINGS ARE USED TO DISCUSS ONGOING

OR POTENTIAL DEVELOPMENTS WHERE ANY CONFLICT OF INTEREST HAS BEEN

IDENTIFIED AND DISCLOSURE PROCEDURES ARE INITIATED.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL

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

AND ARE ALSO MADE AVAILABLE UPON REQUEST. THE ORGANIZATION'S GOVERNING

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization YES HOUSING OF ARIZONA, INC.	Employer identification number 72-1534324
YES HOUSING OF ARIZONA, INC., IS AMENDING ITS 2021 RETURN	то аттасн а
STATEMENT OF ELECTION UNDER IRC SECTION 168(H)(6)(F)(II).	THE 2021
STATEMENT HAD NOT BEEN ATTACHED TO THE ORIGINAL RETURN.	
	-

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

YES HOUSING OF ARIZONA, INC.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

72-1534324

Part I Identification of Disregarded Entities. Complete	te if the organization answered "Y	es" on Form 990, Part IV, line 30	3.					_
(a)  Name, address, and EIN (if applicable)  of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-yea		(f) Direct controlling entity		)
	-							
	_ -							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ntions. Complete if the organization	on answered "Yes" on Form 990	), Part IV, line 34, b	pecause it had one	or more r	elated tax-exer	mpt	
(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	1	(f) t controlling entity	Section 5 contr	
				501(c)(3))			Yes	No
YES HOUSING, INC - 85-0388252 901 PENNSYLVANIA ST. NE	-							
ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	501(C)(3)	LINE 7	N/A			X
	_ -							
	_							
	-							

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(r	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	managing partner?	Jownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
LOS TRES APARTMENTS, LP -											
87-0744393, 901 PENNSYLVANIA											
ST. NE, ALBUQUERQUE, NM	AFFORDABLE		YES LOS TRES								
87110	HOUSING	ΑZ	LLC	RELATED	-42.	0.		x	N/A	x	.01%
YES LOS TRES LLC - 20-2786022											
901 PENNSYLVANIA ST. NE	AFFORDABLE		YES OF								
ALBUQUERQUE, NM 87110	HOUSING	ΑZ	ARIZONA, LLC	RELATED	-29.	0.		X	N/A	x	70.00%
NEW FRONTIER FAMILY LIVING											
LLC - 81-4350105, 901											
PENNSYLVANIA ST. NE,	AFFORDABLE		NEW FRONTIER								
ALBUQUERQUE, NM 87110	HOUSING	ΑZ	MM, LLC	RELATED	-50.	1,517,374.		x	N/A	x	.01%
MUSTANG VILLAS LLC -											
86-1832666, 901 PENNSYLVANIA											
ST. NE, ALBUQUERQUE, NM	AFFORDABLE		YES MUSTANG								
87110	HOUSING	AZ	VILLAS LLC	RELATED	0.	0.		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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(t contr ent	b)(13) rolled ity?
		country)						Yes	No
YES OF ARIZONA, LLC - 20-4086794									
901 PENNSYLVANIA ST. NE			YES HOUSING OF						
ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	AZ	ARIZONA, INC.	C CORP	-29.	0.	100%	X	
NEW FRONTIER MM LLC - 81-4371343									
901 PENNSYLVANIA ST. NE			YES HOUSING OF						
ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	ΑZ	ARIZONA, INC.	C CORP	-50.	1,517,374.	100%	Х	
YES MUSTANG VILLAS LLC - 86-1832666									
901 PENNSYLVANIA ST. NE			YES HOUSING OF						
ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	AZ	ARIZONA, INC.	C CORP	0.	0.	100%	Х	
									1

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

Yes No

X

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		<u>X</u>		
	<b>b</b> Gift, grant, or capital contribution to related organization(s)								
С	c Gift, grant, or capital contribution from related organization(s)								
	Loans or loan guarantees to or for related organization(s)				1d	Х			
	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		_X_		
g	Sale of assets to related organization(s)				1g		_X_		
h	Purchase of assets from related organization(s)				1h		_X_		
	Exchange of assets with related organization(s)				1i		_X_		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		_X_		
	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	<u>X</u>		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)								
	Performance of services or membership or fundraising solicitations by related organ				1m		<u>X</u>		
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of paid employees with related organization(s)									
							X		
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses							<u>X</u>		
r Other transfer of cash or property to related organization(s)									
s	Other transfer of cash or property from related organization(s)				1s	Х			
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.					
	<b>(a)</b> Name of related organization	(b)	(c)	(d)					
	Name of related organization	Transaction	Amount involved	Method of determining amount in	volved				
		type (a-s)							
(1)									
(2)									
(3)									
(4)									
(4)									
<i>(</i> -)									
(5)									
(C)									
(6)		l			D /F -	000'	0001		
132163	3 11-17-21	_		Schedule	K (For	n 990)	2021		

Page 4

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Genera manag partn	(k) Percen ging owners	) ntage rship
								Ochodolo			

Electronic Filing PDF Attachment

IRC §168(h)(6)(F)(ii) Election YES Mustang Villas LLC 86-1857732

YES Mustang Villas LLC hereby elects under IRC §168(h)(6)(F)(ii) to not be treated as a tax-exempt entity for purposes of applying the rules in IRC § 168(h)(6). YES Mustang Villas LLC is wholly-owned by YES Housing of Arizona, Inc., an Arizona nonprofit corporation tax-exempt under IRC § 501(c)(3). The purpose of this election is not to treat any property owned by YES Mustang Villas LLC as tax-exempt use property.