

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

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

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

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

Type or	r Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)				
print	YES HOUSING OF ARIZONA, INC.				72-1534324			
File by the due date for filing your			ions.					
return. See instructions		foreign add	ress, see instructions.					
Enter the	e Return Code for the return that this application is for (fi	ile a separa	te application for each return)					
Applica	tion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870			12		
Form 99	0-T (corporation) HOLLY BARELA	07						
• If this box 1 I r th	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright equest an automatic 6-month extension of time until e organization named above. The extension is for the organization named above. The extension is for the organization regard and the extension is for the organization named above. The extension is for the organization regard above. The extension is for the organization named above. The extension named above name above namov	Group Exe	mption Number (GEN) I ch a list with the names and TINs of <u>MBER 15, 2023</u> , to file return for: d ending	f this is fo all memb	r the whole g ers the exten npt organizati 	roup, check this sion is for.		
	this application is for Forms 990-PF, 990-T, 4720, or 606 ny nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						.		
estimated tax payments made. Include any prior year overpayment allowed as a credit.			Зb	\$	0.			
	alance due. Subtract line 3b from line 3a. Include your p				- -			
	sing EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.		
	: If you are going to make an electronic funds withdrawa				d Form 8879-			
LHA	For Privacy Act and Paperwork Reduction Act Notice	. see instru	ictions.		Form 8	868 (Rev. 1-2022)		

223841 04-01-22

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

<u>A</u>	or th	and and a second a s	ending			
B c	heck if pplicab	c Name of organization		D Employer identified	cation number	
	Addre	YES HOUSING OF ARIZONA, INC.				
	Name chang		72-1534324			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final	901 PENNSYLVANIA ST. NE		505-923-		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,396,239.	
	Amen return			H(a) Is this a group re	eturn	
	Applie tion	^{a-} F Name and address of principal officer: AUGUSTINE C. BACA		for subordinates		
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in		
11	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 🗌 527		list. See instructions	
J /	Vebsi	te: WWW.YESHOUSING.ORG		H(c) Group exemption	n number	
ΚF	orm o	organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year	of formation: 2002	I State of legal domicile: AZ	
	art I	Summary				
-	1	Briefly describe the organization's mission or most significant activities: DEVEI	LOPMEN	T OF AFFORDA	ABLE	
Governance		HOUSING FOR YOUTH AND FAMILIES IN ARIZONA	. •			
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.	
Svel	3	Number of voting members of the governing body (Part VI, line 1a)		3	5	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	2	
8 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0		
,iti	6	Total number of volunteers (estimate if necessary)		6	2	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.	
				Prior Year	Current Year	
Ð	8	Contributions and grants (Part VIII, line 1h)		0.	0.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	2,396,239.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,512,878.	0.	
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		245,000.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,757,878.	2,396,239.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
u Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,927,671.	1,737,978.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,927,671.	1,737,978.	
	19	Revenue less expenses. Subtract line 18 from line 12		-169,793.	658,261.	
S OF			Be	ginning of Current Year	End of Year	
Assets Balanc	20	Total assets (Part X, line 16)		521,637.	1,125,681.	
	1	Total liabilities (Part X, line 26)		54,165.	0.	
					1,125,681.	
		Signature Block				
IInd	or non	Ities of periury. I declare that I have examined this return, including accompanying schedules	and statem	ante and to the heet of my	knowledge and helief it is	

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

Sign Here	Signature of officer AUGUSTINE C. BACA, PRESID Type or print name and title		Nou	Date	H 114	123
Paid	Print/Type preparer's name PAMELA ALEXANDERSON	Preparer's signature PAMELA ALEXA	NDERSON	Date 11/14/23	Check if self-employed	PTIN P01218925
Preparer	Firm's name MOSS ADAMS LLP	-		Firm	s EIN 91-	0189318
Use Only	Firm's address 6565 AMERICAS PAR: ALBUQUERQUE, NM 8		600	Phor	e no. 505 –	878-7200
May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-13	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)					

1990 (2022) YES HOUSING OF ARIZONA, INC.	72-1534324 Page 2
Briefly describe the organization's mission: <u>DEVELOPMENT OF AFFORDABLE HOUSING FOR YOUTH AND FAMI</u>	LIES IN ARIZONA.
Did the organization undertake any significant program services during the year which were not listed or prior Form 990 or 990-EZ?	
Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Yes X No
Describe the organization's program service accomplishments for each of its three largest program service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations revenue, if any, for each program service reported.	s to others, the total expenses, and
) (Revenue \$ 2,396,239.
	COMPLETED IN
SEPTEMBER 2021. LOAN CONVERTED IN 2022.	
DEVELOPMENT OF AFFORDABLE HOUSING: RECEIVED A TAX CR	EDIT ALLOCATION FOR
A 60-UNIT AFFORDABLE HOUSING DEVELOPMENT IN PHOENIX,	
AND INDIVIDUALS. CONSTRUCTION BEGAN IN 2022 AND IS A	
COMPLETED BY THE END OF 2023.	
(Code:) (Expenses \$ including grants of \$) (Revenue \$
(Code:) (Expenses \$ including grants of \$) (Revenue \$
Other program services (Describe on Schedule O.)	``
Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,606,326.)
	IIII Statement of Program Service Accomplishments Check if Schedule 0 contains a response or note to any line in this Part III Priefly describe the organization's mission: DEVELOPMENT OF AFFORDABLE HOUSING FOR YOUTH AND FAMI Did the organization undertake any significant program services during the year which were not listed o prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program ser if "Yes," describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program service reported. (code:) (Expenses 1, 606, 326. including grants of S DEVELOPMENT OF AFFORDABLE HOUSING: RECEIVED A TAX CFA 72-UNIT AFFORDABLE HOUSING DEVELOPMENT IN PHOENIX, AND INDIVIDUALS. CONSTRUCTION BEGAN IN 2020 AND WAS SEPTEMBER 2021. LOAN CONVERTED IN 2022. DEVELOPMENT OF AFFORDABLE HOUSING: RECEIVED A TAX CFA 60-UNIT AFFORDABLE HOUSING DEVELOPMENT IN PHOENIX, AND INDIVIDUALS. CONSTRUCTION BEGAN IN 2022 AND IS A COMPLETED BY THE END OF 2023. (Code:) (Expenses \$

Form	990	(2022)

 Form 990 (2022)
 YES HOUSING OF ARIZONA, INC.

 Part IV
 Checklist of Required Schedules

 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 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 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IX 20a X 20a X 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 				Yes	No
2 the organization engine to complete Schedule 0, Schedule of Combutory 5 Sea instructions 2 X 3 Did the organization engine indirect political campaign activities on behalt of or in opposition to candidates for public office? If 'Yes, 'complete Schedule C, Part I. 3 X 4 Section 501(b)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect 4 X 5 Is the organization a section 501(b)(4). 01(c)(5), or 501(c)(6) graphication that receives membership dues, assessments, or similar funds or account? If 'Yes,' complete Schedule C, Part I. 4 X 6 Did the organization measure in out funds or account? If 'Yes,' complete Schedule C, Part I. 5 X 7 X To the organization measure in out funds or account? If 'Yes,' complete Schedule C, Part II. 7 X 8 Did the organization measure in anount in Part X, ine 21, for socrow or outsodial account flabitly, sorve as a custodian for amounts not through a related organization measure, any of the following questions in Yes.' them complete Schedule D, Part V. 8 X 9 Did the organization measure in organization measure in anount for Induxing questions in Yes.' them complete Schedule D, Part V. 11 X 10 Did the organization report an amount for Induxing questions in Yes.' them complete Schedule D, P	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or undirect political campaign activities on behalf of or in opposition to candidates for public offiles? <i>II''</i>'Pes, <i>complete Schedule C, Part I</i> 4 Section 501(b) organizations. Did the organization engage in lobbying activities, or have a section 501(b) electron in effect during the tax year? <i>II 'Yes,' complete Schedule C, Part II</i> 6 Did the organization maxima and yound so advect function of any similar functions or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or any similar funds or accounts? <i>III'</i>''es,' <i>complete Schedule D, Part II</i> 7 Did the organization maxima and advice organization. That receives membership dues, assessments, or the engine to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution erives assessments, including essements to provide conditic consoling, debt management, credit regain, or debt negatization services? <i>II'</i> ''''se,' <i>complete Schedule D, Part II</i> 9 Did the organization regord in amount for links provide consoling, debt management, credit regain, or debt negatization services? <i>II'</i> ''res,' <i>complete Schedule D, Part IV</i> 10 Did the organization regord in amount for investments other securities in Part X, line 12/ I''res,'' <i>complete Schedule D, Part IV</i> 10 Did the organization regord in amount for investments. First, 'then complete Schedule D, Part X 10 Did the organization regord in amount for investments. First, 'then complete Schedule D, Part X 10 Did the organization regord in amount for investments. First, 'then 12/ I''res,'' <i>complete Schedule D, Part X</i> 11 Did <i>X</i> 11 Did the organization regord		If "Yes," complete Schedule A		X	
public office? # 'Yes,' complete Schedule Q, Part I 3 X 4 Section 501(k) organization. Bit the organization engage in lobbying activities, or have a section 501(k) election in effect 4 X 5 is the organization a section 501(k) 601(c)(k), 601(k), 601	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		<u>X</u>
 Section 501(c)(3) organizations. Did the organization engage in tobying activities, or have a section 501(n) election in effect Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that neceives membership dues, assessments, or similar amounts as defined in Rev. Proc. 81:97. // Yes, 'complete Schedule C, Part II. Did the organization and the organization estimation and thords or any similar tunds or accounts? // Yes, 'complete Schedule D, Part II. Did the organization neutrino relation constraints in such funds or accounts? // Yes, 'complete Schedule D, Part II. Did the organization neutrino relation constraints in such funds or accounts? // Yes, 'complete Schedule D, Part II. Did the organization neutrino relation constraints in such funds or accounts? // Yes, 'complete Schedule D, Part II. Did the organization neutrino relation constraints of the organization and the second or the similar assets? // Hrys, 'complete Schedule D, Part II. Did the organization report an amount in Part X. Ine 21. for ecrorow or custodial account liability, serve as a custodian in Constraints on tisted in Part X. Ine 21. for ecrorow or custodial account liability. Fore as a custodian in Constraints on the second and part X. Ine 21. for ecrorow or custodial account liability. Fore as a custodian in Constraints on invest or any of the following questions is "Yes," then complete Schedule D, Part IV. Did the organization server to any of the following question is "Yes," then complete Schedule D, Part X, III. X as applicable. Did the organization report an amount for investments - other securities in Part X, Iine 12, that is 5% or more of its total assets reported in Part X, Iine 167. If Yes, 'complete Schedule D, Part X. Did the organization report an amount for investments - other securities in Part X, Iine 12, that is 5% or more of its total assets reporte	3				
during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 is the organization a section 50(6)(6) 00(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(3		<u> </u>
5 Is the organization asciclor 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 991:97. If Yea," complete Schedule C, Part II. 5 X D Dd the organization marken any donor advised funds or any similar hands or accounts? If Yea," complete Schedule D, Part II. 6 X D Dd the organization neither any donor advised introd or accounts? If Yea," complete Schedule D, Part II. 7 X D Dd the organization neither any donor advised in casement, including easements to preserve open space. 7 X D Dd the organization marken any donor advised in casement, including easements to preserve open space. 7 X D Dd the organization marken any donor advised in reasures, or other similar assets? If 'Yes," complete Schedule D, Part II 8 X D Dd the organization resport an amount for hard X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 71, for morphete Schedule D, Part V 10 X D Dd the organization resport an amount for hand, buildings, and equipment in Part X, line 12, if the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets report of In Part X, line 167 if 'Yes," complete Schedule D, Part VI 11a X D dt the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets repo	4				37
s ministra andunts as defined in fav. Proc. 88-192, <i>If Yes</i> , "complete Schedule D, Part II			4		<u> </u>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Schedule D, Part IV III Schedule D, Part IV III Schedule D, Part II IIII Schedule D, Part IV IIII IIIII X IIIIII X IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	5				77
provide advace on the distribution or investment of amounts in such funds or account? // 'Yes,' complete Schedule D, Part // 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic istructures? // 'Yes,' complete Schedule D, Part // 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? // 'Yes,' complete Schedule D, Part // 8 X 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, proving credit conseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization report an amount for lawest sin donor-restricted endowments 10 X 12 Did the organization report an amount for investments - organized schedule D, Part V 1111 X 13 Did the organization report an amount for investments - organized schedule D, Part X, line 10? // 'Yes,' complete Schedule D, Part X 1112 X 14 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? // 'Yes,' complete Schedule D, Part X 1112 </td <td>•</td> <td></td> <td>5</td> <td></td> <td></td>	•		5		
7 Did the organization receive or hold a conservation easement, including easements to preserva open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of vortex of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? III "Yes," complete Schedule D, Part II 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? III'Yes, "complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? III'Yes, "complete Schedule D, Part VI 11 X 13 Did the organization report an amount for investments - program related In Part X, line 10? II'Yes, "complete Schedule D, Part VI 11 X 14 Did the organization report an amount for investments - program related In Part X, line 10? II'Yes, "complete Schedule D, Part VI 11 X 15 Did the organization sport an amount for investm	6				v
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? # 'Yes,' complete Schedule D, Part VI 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 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 VI 9 X 10 If the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Part VI 10 X 11 If the organization report an amount for lind, buildings, and equipment in Part X, line 12? If 'Yes,' complete Schedule D, Part VI 11a X 12 Did the organization report an amount for whestments - robyter schedule D. Part VI 11a X 13 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 VI 11d X 14 Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11d X 15 Did the organization subarts of the labilities in Part X, line 26? If 'Yes,' complete Schedule D, Part X 1	1		_		v
Schedule D, Part III 8 X 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? 9 X 9 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 is nower to any of the following quastions is 'Yes,' then complete Schedule D, Part VI, VII, VII, VI, or X, as applicable. 10 X a Did the organization report an amount for investments - other securities in Part X, line 127, line 135, very as a complete Schedule D, Part VI 11a X b Did the organization report an amount for vinvestments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167, line 167, l''yes,' complete Schedule D, Part VII 11b X c Did the organization report an amount for vinvestments - program related in Part X, line 167, line 167, l''yes,' complete Schedule D, Part X 11e X 11 X 11d X 11e X 12 Did the organization robot an amount for vinvestments or the tax year' line Yes, 'complete Schedule D, Part X 11e X 11 Did the organization sisbinit for uncertain tax posi	•				<u> </u>
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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'res,' complete Schedule D, Part V 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 12 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 13 If the organization report an amount for land, buildings, and equipment in Part X, line 12? If 'res,' complete Schedule D, Part V 11a X 14 X Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'res,'' complete Schedule D, Part X 11b X 116 Did the organization report an amount for other labilities in Part X, line 25? If 'res,' complete Schedule D, Part X 11d X 116 Did the organization schedule D, Part X 11d X 11d X 117 Did the organization is beparate, independent audited financial statements for the tax year? 11r'Yes,' co	8				v
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 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IX 20a X 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 X 		If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 20a X 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 2	13		13		
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		
	21		04		v
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2022.05000 YES HOUSING OF ARIZONA, I 877982_1

Form	990	(2022)
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 Form 990 (2022)
 YES HOUSING OF ARIZONA, INC.
 72-1534324
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		77	
	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	04-		x
	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	24b		<u> </u>
C		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ZTU		<u> </u>
200	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	Lou		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~ ~	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X 000	
232004	↓ 12-13-22	⊦orm	320	(2022)

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2022.05000 YES HOUSING OF ARIZONA, I 877982_1

Form	990 (2022) YES HOUSING OF ARIZONA, INC.	72-1534	1324	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a (<u>)</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				77
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contributi	vices provided to the payor?	7a		_X_
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f 7g		_X_
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h		
8					
_	sponsoring organization have excess business holdings at any time during the year?				
	Sponsoring organizations maintaining donor advised funds.		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	<u>10a</u>	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
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	101			
_	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c	44-		X
		~	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		4-		х
	excess parachute payment(s) during the year?		15		<u> </u>
40	If "Yes," see the instructions and file Form 4720, Schedule N.	in a sur sO	10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.	5 M			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act		4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		E com	000	(0000)
232005	12-13-22		Form	320	(2022)

Form	990	(2022)
	330	

YES HOUSING OF ARIZONA, INC.

72-1534324 Page 6

X

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

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

					V.			
4.	Enter the sumble of the second and after second in the short the and of the territory		5		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		-				
	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 0.		2					
b	5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			•		v		
•	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the		•			v		
			<u> </u>	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form		s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X X		
	6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	• •						
_	more members of the governing body?			<u>7a</u>		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s							
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	•	8a	х			
а	a The governing body?							
b	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>		
9								
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)					
					Yes	No		
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters	s, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b 11a	Х			
11a	 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the preserve if any used by the organization to review this Form 900. 							
b								
12a								
b								
С								
	on Schedule O how this was done							
13	Did the organization have a written whistleblower policy?			13	X			
14				14	Х			
15	Did the process for determining compensation of the following persons include a review and approv		dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•						
	The organization's CEO, Executive Director, or top management official			15a		X		
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	/ith a					
	taxable entity during the year?			16a	Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga							
0	exempt status with respect to such arrangements?			16b	Х			
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filedNONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990)-T (section 501(c)(3)	s only)	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (expla							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, an	d finano	cial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records					
	HOLLY BARELA - 505-923-9606							
	901 PENNSYLVANIA ST. NE, ALBUQUERQUE, NM 87110			-	000	(000-		
232006	o 12-13-22			Form	990	(2022)		
	8							

2022.05000 YES HOUSING OF ARIZONA, I 877982_1

Form 990 (2022)
Part VII	Coi

Part VII	Compensation of Officers, I	Directors, Trustee	s, Key Employees	, Highest Compensated
	Employees, and Independer	nt 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, box 6 of 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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ess person is both an and a director/trustee)			n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		Ð	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tru	onal		ploye	ee com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AUGUSTINE C BACA	5.00			0	\geq	Ξæ	ш.			
PRESIDENT/CEO	45.00	х		x				0.	247,825.	72,262.
(2) MICHELLE DENBLEYKER	5.00									
BOARD MEMBER	45.00	Х		Х				0.	165,139.	67,084.
(3) HOLLY M BARELA	5.00									
SECRETARY/TREASURER	45.00	Х		Х				0.	168,173.	57,065.
(4) DR BEVERLEE MCCLURE	0.20									
CHAIR	0.50	Х		х				0.	0.	0.
(5) LAWRENCE CHAVEZ	0.20									
VICE CHAIR	0.50	Х		Х				0.	0.	0.
						-				
		1								
		1								
					<u> </u>					
232007 12 13 22										Form 990 (2022)

9

Form 990 (2022)

orm 990 (2	022) YES HOUS	ING OF A	ARI	ZO	NA		IN	С.	•	72-1	<u>5343</u>	24	Pa	ige 8
Part VII	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)		(F)	
	Name and title	Average			Pos	ition			Reportable	Reportable	_ د		nate	d
		hours per		not ch , unles					compensation	compensatio			unt c	
		week		cer and					from	from relate			her	
		(list any	tor						the	organization		compe		ion
		hours for	director				-		organization	(W-2/1099-MI			n the	
		related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC		organ		
		organizations	ruste	l tru:		ee	mper		1099-NEC)	10001120	′	and r		
		below	dual t	Ition		lold	st col	-	· ·			organi		
		line)	Individual trustee or	In stitutional trustee	Officer	ey en	Highest compensated employee	Former				e gun		
			-	=	0	×	Ξω	ш						
			-											
											-+			
				$\left \right $		\vdash					-+			
		ļ												
				$\left \right $							-+			
1b Subto	otal	•							0.	581,1	37.	196	.41	1.
	from continuation sheets to Part VI								0.	,	0.			0.
									0.	581,1	• •	196	/ 1	
	(add lines 1b and 1c)											10	, = 1	<u> </u>
	number of individuals (including but n	ot limited to th	ose	listed	ab	ove)) who	o re	eceived more than \$100,	000 of reportabl	е			•
comp	ensation from the organization													0
											_	Y	′es	No
3 Did th	e organization list any former officer,	director, trust	ee, k	key ei	mpl	oyee	e, or	hig	phest compensated emp	loyee on				
line 1a	a? If "Yes," complete Schedule J for s	uch individual										3		Х
	ny individual listed on line 1a, is the su													
	elated organizations greater than \$150										- E	4	x	
											····· -	-		
	ny person listed on line 1a receive or a													37
	red to the organization? If "Yes." con	plete Schedule	e J fo	or su	ch r	perso	on .				<u></u>	5		Х
Section B.	Independent Contractors													
1 Comp	lete this table for your five highest co	mpensated inc	lepe	nden	t co	ontra	actor	s th	hat received more than \$	100,000 of com	pensatic	on from	ı	
the or	ganization. Report compensation for	the calendar ve	ear e	ndin	a w	ith o	or wit	hin	n the organization's tax v	ear.				
	(A)	,			5				(B)			(C)		
	Name and business	address							Description of s	ervices	Co	mpens	ation	1
<u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>	T CAPITAL LLC							-	ARIZONA DEVE					
			<u> </u>	~~~	`					LOPMENI		1 0 0	4.0	
.2580 .	N 92ND PL, SCOTTSDA	LE, AZ	85	200)			_	CONSULTING			198	,42	4.
											1			
								Τ						
											1			
								┥			<u> </u>			
											 			
											1			
2 Total I	number of independent contractors (i	ncluding but p	ot lin	nited	to t	those	e list	ed	above) who received m	ore than				
		-	01 III	mou	.0	1		50	above, who received in					
۵۱۵۵,	000 of compensation from the organi	zalion				1	-					01	20	
											F	orm 9 9	1U (2	022)

232008 12-13-22

Pa	rt V	(111	Statement of Rev	venue						
			Check if Schedule O c	contains a	respons	e or note to any lir				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b					
S, G		с	Fundraising events		1c					
Gift: lar /		d	Related organizations		1d		-			
imil		е	Government grants (contri		1e		-			
tior sr S		f	All other contributions, gifts,	grants, and						
Dthe			similar amounts not included	above	1f		-			
onti od (g	Noncash contributions included in I		1g \$					
<u>o</u> e		h	Total. Add lines 1a-1f							
	•	_	DEVELOPMENT F	רייט		Business Code 900099	2 392 072	2 392 072		
Program Service Revenue	2	a b	PROPERTY MANA		ጥ ፑፑ	900099	4,167.	2,392,072. 4,167.		
Serv							<u> </u>	4,10/.		
m S ver		c d								
gra Re		u e								
Pro			All other program service	revenue						
		g	Total. Add lines 2a-2f			·····	2,396,239.			
	3		Investment income (includ							
			other similar amounts)							
	4		Income from investment o	f tax-exem	npt bond	proceeds				
	5		Royalties							
				(i	i) Real	(ii) Personal	4			
	6	а	Gross rents	6a			-			
		b	Less: rental expenses	6b			-			
			Rental income or (loss)	6c						
			Net rental income or (loss)		ecurities	(ii) Other				
	1	а	Gross amount from sales of assets other than inventory		ecunites		1			
		b	Less: cost or other basis	7a			1			
Ð		D	and sales expenses	7b						
enu		с	Gain or (loss)	7c			1			
Revenue			Net gain or (loss)			-				
	8	а	Gross income from fundraisir	ng events (r	not					
Othe			including \$							
			contributions reported on	line 1c). S	ee					
			Part IV, line 18		8	а	-			
			Less: direct expenses			b				
			Net income or (loss) from		· –					
	9	а	Gross income from gamin							
			Part IV, line 19				-			
			Less: direct expenses			b				
			Net income or (loss) from (
	10	a	Gross sales of inventory, le and allowances							
		h	Less: cost of goods sold)b				
			Net income or (loss) from :		····· –					
		-				Business Code				
sno	11	а								
ane		b								
scellaneo Revenue		с								
Miscellaneous Revenue		d	All other revenue							
2			Total. Add lines 11a-11d							
	12		Total revenue. See instruction	ons			2,396,239.	2,396,239.	0.	0.
23200	9 12-	13-	22							Form 990 (2022

YES HOUSING OF ARIZONA, INC.

232009 12-13-22

Form 990 (2022)

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Form 990 (2022

 Form 990 (2022)
 YES HOUSING OF ARIZONA, INC.

 Part IX
 Statement of Functional Expenses

	se or note to any line in t	r organizations must con his Part IX		
ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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				
Г				
	259.		259.	
- · · · · · · · · · · · · · · · · · · ·				
column (A), amount, list line 11g expenses on Sch 0.)	198,424.	198,424.		
Advertising and promotion				
Royalties				
Occupancy				
Travel	2,314.		2,314.	
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings	4,791.	4,360.	431.	
Interest				
line 24e amount exceeds 10% of line 25, column (A),				
	1 /03 180	1 /03 180		
		1,403,109.	118 235	
		353		
	705.	• • • • •	±J4•	
All other expenses				
·	1.737 978.	1.606 326	131 652	0
	±,:5;,5;6•	<u> </u>		0
Check here if following SOP 98-2 (ASC 958-720)				
	bot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments to affiliates	ot include amounts reported on lines 6b, Total expenses Bb, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Entertion of the second	of include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII. Total expenses Program service expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Image: Comparison of Comparison of Comparison of Comparison of Compensation of current officers, directors, trustees, and key employees Image: Comparison of Comparison of Comparison of Comparison of Current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Image: Comparison of Science (Comparison of Comparison of Compari	Control and Contender and Cond Control and Control and Control and Cont

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2022.05000 YES HOUSING OF ARIZONA, I 877982_1

33

Total liabilities and net assets/fund balances

521,637.

33

1,125,681.

Form 990 (2022)

YES HOUSING OF ARIZONA, INC.

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

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,000.	1	1,009.
	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	r former officer, director,			
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes	se persons		5	
	6	Loans and other receivables from other disquali	fied persons (as defined			
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		480,553.	7	1,124,540.
2	8	Inventories for sale or use			8	
ĺ.	9	Prepaid expenses and deferred charges		40,000.	9	0.
	10a	3 , 1				
		basis. Complete Part VI of Schedule D				
	b			10c		
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	ſ		12	100
	13	Investments - program-related. See Part IV, line		84.	13	132.
	14				14	
	15	Other assets. See Part IV, line 11			15	1 105 601
	16	Total assets. Add lines 1 through 15 (must equ		521,637.	16	1,125,681.
	17	Accounts payable and accrued expenses		54,165.	17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
2	22	Loans and other payables to any current or form				
		trustee, key employee, creator or founder, subst			22	
	23	controlled entity or family member of any of the			22	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated			23 24	
	25	Other liabilities (including federal income tax, pa			27	
	25	parties, and other liabilities not included on lines				
					25	
	26	Total liabilities. Add lines 17 through 25		54,165.	26	0.
		Organizations that follow FASB ASC 958, che	eck here X	- /		
S		and complete lines 27, 28, 32, and 33.				
	27			467,472.	27	1,125,681.
5	28			-	28	
		Organizations that do not follow FASB ASC 9	58, check here			
5		and complete lines 29 through 33.				
5	29	Capital stock or trust principal, or current funds			29	
5	30	Paid-in or capital surplus, or land, building, or ed			30	
2	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
	32	Total net assets or fund balances		467,472.	32	1,125,681.

Form 990 (2022)
Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

Form	1990 (2022) YES HOUSING OF ARIZONA, INC.	72-153	34324	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,396		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,737	7,9'	78.
3	Revenue less expenses. Subtract line 2 from line 1	3	658	3,2	61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	467	7,4	72.
5	Net unrealized gains (losses) on investments	5		-!	52.
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	1,125	5,6	<u>81.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2 b	Х	<u> </u>
	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	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3 a		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3 b	000	<u> </u>

Form **990** (2022)

SCHEE	SCHEDULE A Public Charity Status and Public Support									
(Form 99	0)			•					つつつつ	
				ization is a section 501 47(a)(1) nonexempt cha			or a section		ZUZZ	
	f the Treasury		At	ttach to Form 990 or Fo	orm 990-E	Ζ.			Open to Public	
Internal Rever			Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.		Inspection	
Name of 1	the organization				~				identification number	
Part I	Reason	1ES for Public (HOUSING OF	ARIZONA, ING	• •	via nant \ C	an instruction	/	2-1534324	
								5.		
Ē.		•		For lines 1 through 12, c		,	WAV:\			
				n of churches described)(מ)סיד ח)(A)(I).			
2				Attach Schedule E (Forn		/L\/4\/A\/::	:)			
3				anization described in s enjunction with a hospital			-	Viii) Entor	the beenital's name	
4	city, and state		ation operated in cor	ijunction with a nospital	uescribeu	III Sectio	A)(1)(d)01111		the hospital's hame,	
5		-	or the benefit of a col	lege or university owned	l or operati	ed by a do	vernmentalu	nit describe	ed in	
J 🗔	-	-	Complete Part II.)	lege of university owned		cu by u go	von montar a			
6				nental unit described in	section 17	70(b)(1)(A)	(v).			
7 X		-	-	ntial part of its support fi				ne general r	oublic described in	
	-		omplete Part II.)					- 3		
8	-			(1)(A)(vi). (Complete Par	t II.)					
9	-			in section 170(b)(1)(A)(-	ed in coniu	nction with a	land-orant	college	
	•	-		ulture (see instructions).		-		-	-	
	university:		, , ,	,		, ,		5		
10	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
				t to certain exceptions; a						
	income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
	See section	509(a)(2). (Co	mplete Part III.)							
11	An organizati	on organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).			
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or	
	more publicly	supported or	ganizations describe	d in section 509(a)(1) d	r section &	509(a)(2).	See section !	5 09(a)(3). C	Check the box on	
	lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а	Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by g	giving	
	the support	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting	
	organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b	Type II. A s	supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ing	
	control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported	
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
с		-		g organization operated				ly integrate	d with,	
		0	. , .). You must complete I			-			
d 🗌		-	• •	orting organization oper						
		-		ation generally must sat	•		-	an attentiv	reness	
	7			nplete Part IV, Sections						
e				written determination fro			Type I, Type	II, Type III		
6 E.t.				nally integrated supporti						
	er the number of the following the second seco	••	•	d arganization(a)						
	i) Name of suppo		about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonetary	(vi) Amount of other	
	organization			(described on lines 1-10	Yes	ng document? No	support (see ir	nstructions)	support (see instructions)	
				above (see instructions))						

Total

Schedule	A (Form 990)) 2022
Part II	Suppor	t Sc

YES HOUSING OF ARIZONA, INC.

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	250,000.				0.	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)							
	Public support. Subtract line 5 from line 4.						250,000.	
See	ction B. Total Support					_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	Total support. Add lines 7 through 10						265,793.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 3	,550,617.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 5	501(c)(3)		
	organization, check this box and stop							
Se	ction C. Computation of Publi	ic Support Per	centage					
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11,	column (f))		14	94.06 %	
	Public support percentage from 2021					15	94.06 %	
16 a	33 1/3% support test - 2022. If the o	organization did no	t check the box o	n line 13, and line 1	4 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies		U U					
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	• •						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the				-			
	organization meets the facts-and-circl							
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box a	ind see instructions	;	
						Schedule A	(Form 990) 2022	

232022 12-09-22

Schedule A						ARIZONA,	
Part III	Support	Schedule f	or Orga	nizations [Descril	oed in Sectio	on 509(a)(2)

YES HOUSING OF ARIZONA, INC.

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

Section A. Public Support					<u>.</u>	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2022 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	e 17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2021. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	6, and
line 18 is not more than 33 1/3%, che	eck this box and st	op here. The org	anization qualifies	as a publicly supp	orted organizatio	on
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
232023 12-09-22			_		Schedul	e A (Form 990) 2022
		17	1			

^{2022.05000} YES HOUSING OF ARIZONA, I 877982_1

YES HOUSING OF ARIZONA, INC.

1

Yes No

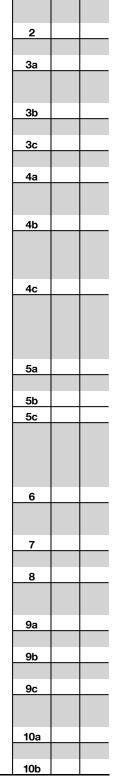
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

232024 12-09-22



Schedule A (Form 990) 2022

990) 2022	YES	HOUSING	OF	ARIZONA,	INC
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2

Yes No

Yes No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily 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			
		in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(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.			

Section C. Type II Supporting Organizations	
supervised, or controlled the supporting organization.	
Part vi how providing such benefit carried out the purposes of the supported organization(s) that operate	₽d,

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations							
4	Did the organization provide to each of its supported organizations, by the last day of the						
	Did the organization provide to each of its supported organizations, by the last day of the						
	examination's tax year (i) a written notice departition the type and amount of support area						

	Did the organization provide to each of its supported organizations, by the last day of the initial month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described 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 Part VI the role the organization's		
	supported organizations played in this regard	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>		i col uunny inc year	1000 1100 000

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

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

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Schedule A (Form 990) 2022

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2022.05000 YES HOUSING OF ARIZONA, I 877982_1

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emergency temporary reduction (see instructions). 6

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

20

Schedule A (Form 990) 2022

(B) Current Year

(optional)

2022.05000 YES HOUSING OF ARIZONA, I 877982_1

1b		
1c		
1d		

(A) Prior Year

1

2

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

YES HOUSING OF ARIZONA, INC.

3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	amorgonov tomporany reduction (see instructions)	6		

Schedule A (Form 990) 2022 1

Section A - Adjusted Net Income

Net short-term capital gain

Recoveries of prior-year distributions

1

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Part VI. See instructions.

7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions

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

YES HOUSING OF ARIZONA, INC.

72-1534324 Page 7

1

2

3

4

5

6

Current Year

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions.

6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Amounts paid to acquire exempt-use assets

Section D - Distributions

2

3

4

7

8

Schedule A	(Form 990) 2022	YES	HOUSING	OF AF	RIZONA,	INC.	72-1534324 Page 8
Part VI	line 1: Part IV. Section	on D. lines 2 an	d 3: Part IV. Se	ction E. lin	ies 1c. 2a. 2b). 3a. and 3b: F); Part II, line 17a or 17b; Part III, line 12; /, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.
	(
232028 12-09-2	2				22		Schedule A (Form 990) 2022

22 2022.05000 YES HOUSING OF ARIZONA, I 877982_1

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										- 45 00 47
	SCHEDULE D Form 990)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.								20	<u>545-0047</u>
Department of the Treasury Attach to Form 990.								-	Public	
	al Revenue Service		0 for instructions a	nd th	e latest information	<u>.</u> Т	F		nspecti	
Nam	e of the organizati	YES HOUSING OF ARI	ZONA, INC.				Emp	oloyer ident 72-1		
Pa	rt I Organiza	ations Maintaining Donor Advise		er S	imilar Funds or	Acc	coun			
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.							
			(a) Donor ad	dvise	d funds	(b) Fun	ds and othe	er accou	ints
1		nd of year								
2		f contributions to (during year)								
3		f grants from (during year)								
4		t end of year			lel in elemente eluine el fu					
5	-	on inform all donors and donor advisors in v on's property, subject to the organization's	-						Yes	No
6		on inform all grantees, donors, and donor a							162	
Ŭ	•	poses and not for the benefit of the donor o	•	Ŭ			-			
	impermissible priv				, , ,		•		Yes	No
Pa		ation Easements. Complete if the org	ganization answered	l "Ye	s" on Form 990, Part	IV, I	ine 7.			
1	Purpose(s) of cons	servation easements held by the organization	on (check all that ap	ply).						
	Preservation	n of land for public use (for example, recrea	tion or education)		Preservation of a hi	istor	ically	important la	and area	a
		of natural habitat			Preservation of a co	ertifi	ed his	storic struct	ure	
		n of open space								
2		through 2d if the organization held a qualif	ied conservation co	ntribı	ution in the form of a	con:	serva			
	day of the tax yea					H	•	Held at the	End of th	le lax tear
a L						Г	2a oh			
b c	° °						2b 2c			
d		Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25,2006, and not on a					20			
historic structure listed in the National Register										
3		vation easements modified, transferred, rel						during the t	ax	
	year									
4	Number of states	where property subject to conservation eas	ement is located							
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, ins	spect	ion, handling of					
		forcement of the conservation easements it							Yes	No No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violation	is, an	d enforcing conserva	ation	ease	ments durir	ig the ye	ear
-		<u> </u>			.					
7	Amount of expens	ses incurred in monitoring, inspecting, hand	ling of violations, an	ia en	forcing conservation	ease	emen	s during the	e year	
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the require	ment	s of section 170(h)(4)	(B)(i)	•			
-	and section 170(h								Yes	No
9	· ·	be how the organization reports conservation								
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organizat	ion's	financial statements	that	desc	ribes the		
		ounting for conservation easements.	-							
Pa		ations Maintaining Collections of	-		asures, or Other	' Sii	mila	r Assets.		
		f the organization answered "Yes" on Form								
1a	•	elected, as permitted under FASB ASC 95	•							
		easures, or other similar assets held for pub				ranc	e of p	Dublic		
L		Part XIII the text of the footnote to its finar				200		works		
a	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,									
		ing amounts relating to these items:	cambridon, educatio	л, U	rosearon in iurunerar	1000	or put			
	•	Ided on Form 990, Part VIII, line 1						\$		
								\$		
2	.,	received or held works of art, historical trea								
		unts required to be reported under FASB A								
а	-	on Form 990, Part VIII, line 1	-					\$		

b	Assets included in	Form 990	, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.						
232051 09-01-22						
	23					

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2022.05000	YES	HOUSING	OF	ARIZONA,	Ι	877982_	_1

\$

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 YES HOU	SING OF AR	IZONA	, INC	•			72-15	3432	4 р	_{age} 2
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	rical Tre	easures, or O	ther S	Simila	r Assets	conti	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ds, check a	any of the	following that ma	ake sign	ificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌 L	oan or exc	change program						
b	Scholarly research		e 🗌 O	ther							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	in how the	y further tl	he organization's	exemp	t purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hist	orical trea	sures, or other si	milar as	sets		_		_
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the o	organizatio	on answered "Ye	s" on Fo	orm 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for co	ontribution	is or other assets	not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amour	t	
с	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on F	Form 990, Part X, line	e 21, for es	crow or c	ustodial account	liability	?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.								<u></u>		
Par	t V Endowment Funds. Complete				1						
		(a) Current year	(b) Pri	or year	(c) Two years b	ack (d) Three y	ears back	(e) Fou	r years	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1g,	column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administered	for the				N	N
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	t VI Land, Buildings, and Equipm		owment fui	nds.							
T ai	Complete if the organization answere		0 Part IV	lina 11a G	See Form 990 Pr	art X lin	o 10				
						,					
	Description of property	(a) Cost or basis (invest		• •	t or other (other)	(c) Acc depre	eciation	a	(d) Boo	ik valu	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment										
e	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X. columr	<u> (B). line 1</u>	'0c.)						0.
								Schodulo		~ ^^^	0000

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 YES HOUSING	OF ARIZONA,	INC.	72-1534324 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12)
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Bort IV line	110 Soc Form 000 Port V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
			tor end-or-year market value
<u>(1)</u>			
(2)			
(3)			
(4)(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	5.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>ə 15.)</u>		
Part X Other Liabilities.			1 OF
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			

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

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

X

Schedule D (Form 990) 2022

232053 09-01-22

	edule D (Form 990) 2022 YES HOUSING OF ARIZONA,		72-1534324 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е			2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1		
Pa	rt XIII Supplemental Information.	-	

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

PART X, LINE 2:

WITH THE EXCEPTIONS OF THE PARTNERSHIPS, ALL ENTITIES OF YES AND YES
HOUSING OF ARIZONA ARE NON-PROFIT CORPORATIONS AND QUALIFY AS TAX-EXEMPT
ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC)
AND ARE CLASSIFIED AS OTHER THAN PRIVATE FOUNDATIONS. AS SUCH, THEIR
NORMAL ACTIVITIES DO NOT RESULT IN ANY INCOME TAX LIABILITY. YES DID NOT
INCUR ANY UNRELATED BUSINESS TAXABLE INCOME FOR THE YEARS ENDED DECEMBER
31, 2022 AND 2021. AS A RESULT, YES DID NOT RECOGNIZE FEDERAL AND STATE
INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021.

APPLE RIDGE APARTMENTS, LP; BELLA VISTA TOWNHOMES, LP; BRENTWOOD GARDENS

APARTMENTS, LP; COPPER TERRACE LIMITED PARTNERSHIP LP, LLLP; GALLUP SUNSET 232054 09-01-22 26

Schedule D (Form 990) 2022 YES HOUSING OF ARIZONA, INC.	72-1534324 Page 5
Part XIII Supplemental Information (continued)	
HILLS LP, LLLP; LOS TRES APARTMENTS, LP; MESA DEL NORTE APAR	TMENTS LP,
LLLP; MONTANA MEADOWS APARTMENTS, LP; MUSTANG VILLAS LP, LLL	P; NEW
FRONTIER FAMILY LIVING, LLC; NEW LEAF COMMUNITY LP, LLLP; NU	EVO ATRISCO
APARTMENTS LP, LLLP; OTERO VILLAGE APARTMENTS, LP; ROSWELL S	UMMIT
APARTMENTS, LP; SKYVIEW TERRACE LP, LLLP; SOLAR VILLA APARTM	ENTS LP, LLLP;
UR 205 SILVER, LLC; WEST BERRY SENIOR APARTMENTS LP, LLLP; W	ILDEWOOD
APARTMENTS, LP; YES DEMING MOUNTAIN VIEW APARTMENTS LP, LLLP	; AND YES LA
HACIENDA, LLC, AS PARTNERSHIPS, ARE NOT SUBJECT TO FEDERAL I	NCOME 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 STATEMENT	S FOR
LIABILITIES FOR FEDERAL, STATE, OR LOCAL INCOME TAXES SINCE	SUCH
LIABILITIES ARE THE RESPONSIBILITY OF THE INDIVIDUAL PARTNER	S

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, 2022 AND 2021.

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

Schedule D (Form 990) 2022

232055 09-01-22

SC	HEDULE J	I	OMB No. 1545				
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	7 7)	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	•	
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic	
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	e of the organizatio			identificatio		nber	
De		YES HOUSING OF ARIZONA, INC.	72-1	1534324	4		
Pa	rt I Question	s Regarding Compensation					
4			000		Yes	No	
а		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	First-class or o	line 1a. Complete Part III to provide any relevant information regarding these items.	2011/00				
	Travel for com						
		cation and gross-up payments Health or social club dues or initiation fee					
		spending account					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
~	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
_	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	n committee Written employment contract					
	Independent of	compensation consultant Compensation survey or study					
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee				
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 re	lated organization:					
а		e payment or change-of-control payment?		4a		X	
b		eive payment from a supplemental nonqualified retirement plan?				X	
С	-	eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only costien FOd/	(2) = 0.1(a)(4) and = 0.1(a)(0) arranizations much a simplete lines = 5.0					
F		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	2				
э		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	11				
а	contingent on the r			5a		x	
		ation?				X	
D.		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
5	contingent on the r						
а	-			6a		x	
		ation?				X	
		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					X	
8							
				8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section			9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2022	

232111 10-18-22

Schedule J (Form 990) 2022

72-1534324

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(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)	232,212.	4,536.	11,077.	43,721.	28,541.	320,087.	0.
(2) MICHELLE DENBLEYKER	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	163,617.	1,522.	0.	33,694.	33,390.	232,223.	0.
(3) HOLLY M BARELA	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY/TREASURER	(ii)	166,651.	1,522.	0.	33,694.	23,371.	225,238.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

FORM 990, SCHEDULE J- PART I, LINE 3

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

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

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

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

COMPENSATION COMMITTEE.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990) 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.

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

YES HOUSING OF ARIZONA,

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, PART IX, LINE 11G, OTHER FEES:

Schedule O (Form 990) 2022 Name of the organization	Page Employer identification numbe
YES HOUSING OF ARIZONA, INC.	72-1534324
DEVELOPER CONSULTANT:	
PROGRAM SERVICE EXPENSES	198,424.
ANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	198,424.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	198,424.
	Schedule O (Form 990) 202

11011114 146892 877982

SCHEDULE	R
(5	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 72 - 1534324

Department of the Treasury Internal Revenue Service

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

Name of the organization

YES HOUSING OF ARIZONA, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
YES HOUSING, INC - 85-0388252							
901 PENNSYLVANIA ST. NE							
ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	NEW MEXICO	501(C)(3)	LINE 7	N/A		Х
	-						
	-						

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

Schedule R (Form 990) 2022

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.

		· · · ·	())		(0)	()		•	(1)	0	(1)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	1) (1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disproportionate Code V-UBI amount in box		General c managing	Percentage ownership	
of related organization		(state or foreign	Chility	excluded from tax under	income	assets		tions?	20 of Schedule	managing partner?	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	•
NEW FRONTIER FAMILY LIVING											
LLC - 81-4350105, 901											
PENNSYLVANIA ST. NE,	AFFORDABLE		NEW FRONTIER								
ALBUQUERQUE, NM 87110	HOUSING	AZ	MM, LLC	RELATED	-101.	409,054.		х	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.	1,535,081.		x	N/A	X	.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	b)(13) rolled
		country)						ship Section S	No
YES OF ARIZONA, LLC - 20-4086794									
901 PENNSYLVANIA ST. NE			YES HOUSING OF						
ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	AZ	ARIZONA, INC.	C CORP			100%	X	
NEW FRONTIER MM LLC - 81-4371343									
901 PENNSYLVANIA ST. NE			YES HOUSING OF						
ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	AZ	ARIZONA, INC.	C CORP	-101.	409,054.	100%	X	
YES MUSTANG VILLAS LLC - 86-1857732									
901 PENNSYLVANIA ST. NE			YES HOUSING OF						
ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	AZ	ARIZONA, INC.	C CORP	0.	1,535,081.	100%	х	
	_								

Schedule R (Form 990) 2022 YES HOUSING OF ARIZONA, INC.

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
S	Other transfer of cash or property from related organization(s)	1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
(2)				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
(6)				

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	e) all rs sec. c)(3) s.?	(f) Share of total		(h Dispr tior allocat	n) opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	or Percentage ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	

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Part VII Supplemental Information

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

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