

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

Electro	nic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to f	ile any of	the forms							
listed be	elow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Co	ontracts.	An extension							
request	for Form 8870 must be sent to the IRS in a paper format ($$	see instrud	ctions). For more details on the elect	ronic filin	g of Form							
8868, v	sit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.										
Caution	: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE and	d Form 8879-	TE for payment						
instruct	ons.											
All corp	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts							
must us	e Form 7004 to request an extension of time to file income	e tax returi	ns.									
Part I -	Identification											
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpaye	r identification	n number (TIN)						
Print												
File by the	YES HOUSING OF ARIZONA, INC		72-15	34324								
due date f	Number, street, and room or suite no. If a P.O. box, se	ee instruct	ions.									
filing your return. See	901 PENNSYLVANIA ST. NE											
instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions.											
	ALBUQUERQUE, NM 87110											
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			01						
Applica	tion Is For	Return	Application Is For			Return						
		Code				Code						
Form 99	00 or Form 990-EZ	01	Form 4720 (other than individual)			09						
Form 47	720 (individual)	03	Form 5227			10						
Form 99	90-PF	04	Form 6069	11								
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12						
Form 99	90-T (trust other than above)	06	Form 5330 (individual)			13						
Form 99	90-T (corporation)	07	Form 5330 (other than individual)			14						
Form 10)41-A	08										
After	you enter your Return Code, complete either Part II or Part	t III. Part III	l, including signature, is applicable o	nly for an	extension of							
time to	file Form 5330.											
If this	application is for an extension of time to file Form 5330, year	ou must ei	nter the following information.									
Р	lan Name											
Р	an Number											
	lan Year Ending (MM/DD/YYYY)											
	Automatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)									
The	books are in the care of HOLLY BARELA											
		ST. N	IE - ALBUQUERQUE, N	IM 871	L10							
-	phone No. 505-923-9606		Fax No.									
	e organization does not have an office or place of business											
• If this	s is for a Group Return, enter the organization's four-digit (_										
box	. If it is for part of the group, check this box		ch a list with the names and TINs of									
1 1	request an automatic 6-month extension of time until $$	OVEMBE	${ ext{SR}}$ ${ ext{15}}$, 20 ${ ext{24}}$, to file	e the exer	npt organizati	ion return for						
th	ne organization named above. The extension is for the orga	anization's	return for:									
X	= , —											
	tax year beginning	, 20 _	, and ending			, 20						
			_									
2 <u>lf</u>	the tax year entered in line 1 is for less than 12 months, ch	heck reasc	on: Initial return	Final retu	rn							
	Change in accounting period				_							
3a If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			-						
<u>a</u> ı	ny nonrefundable credits. See instructions.			3a	\$	0.						
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			_						
es	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.						
	alance due. Subtract line 3b from line 3a. Include your pa	•				•						
1.19	sing EETPS (Electronic Federal Tax Payment System), See	instructio	ns	30	\$	0.						

PUBLIC DISCLOSURE COPY **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.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change YES HOUSING OF ARIZONA, INC. Name change 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 return/ termin-ated 505-923-9606 901 PENNSYLVANIA ST. NE 1,048,021. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return ALBUQUERQUE, NM 87110 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: AUGUSTINE C. for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: **X** 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.YESHOUSING.ORG H(c) Group exemption number **K** Form of organization: X Corporation Association Other L Year of formation: 2002 M State of legal domicile: AZ Trust Part I Summary Briefly describe the organization's mission or most significant activities: DEVELOPMENT OF AFFORDABLE **Activities & Governance** HOUSING FOR YOUTH AND FAMILIES IN ARIZONA. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h Prior Year **Current Year** 0. 25,000. Contributions and grants (Part VIII, line 1h) 8 2,396,239 1,023,021. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,396,239. 1.048.021 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,737,978. 263,299. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,737,978. 263,299. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 658,261. 784,722. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 1,125,681. 1,822,173. Total assets (Part X, line 16) 0. 12,061 21 Total liabilities (Part X, line 26) 三年 681. 810,112 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign AUGUSTINE C. BACA, PRESIDENT/CEO Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 11/13/24 P01218925 PAMELA ALEXANDERSON PAMELA ALEXANDERSON Paid self-employed Firm's EIN $91-0\overline{189318}$ Firm's name MOSS ADAMS LLP Preparer Firm's address 6565 AMERICAS PARKWAY NE STE 600 Use Only Phone no. 505-878-7200 ALBUQUERQUE, NM 87110 X Yes May the IRS discuss this return with the preparer shown above? See instructions

	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	DEVELOPMENT OF AFFORDABLE HOUSING FOR YOUTH AND FAMILIES IN ARIZONA.	
	DEVELORMENT OF METONDED HOODING FOR TOOTH IMP TIMELED IN INCLOUNTS	
	Did the approximation and other and significant approximation of mine the approximation and listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the	<i>⊽</i>
	prior Form 990 or 990-EZ?	.Z No
	If "Yes," describe these new services on Schedule O.	· ·
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 🖸	<u>K</u> No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 251,064 • including grants of \$) (Revenue \$ 1,023,02	21.)
	DEVELOPMENT OF AFFORDABLE HOUSING: RECEIVED A TAX CREDIT ALLOCATION FO	OR
	A 60-UNIT AFFORDABLE HOUSING DEVELOPMENT IN PHOENIX, AZ, FOR FAMILIES	
	AND INDIVIDUALS. CONSTRUCTION BEGAN IN 2022 AND WAS COMPLETED IN	
	DECEMBER 2023. LOAN CONVERTED IN 2024.	
	DECEMBER 2023: HOME CONVERTED IN 2024:	
	-	
4b	(Code:) (Expenses \$)
	· <u> </u>	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 251,064.	
	Form 990	(2023)

Form 990 (2023) YES HOUSING OF ARIZONA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		 ^`
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		4-		_ v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form	rt IV Checklist of Required Schedules (continued)	4324	P	age
Га	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		├
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			₩
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		1
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		_v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
	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?	555		
	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	L	Х
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	X	
Pa	rt 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
		3		
	Enter the Hamber of Forms W 2d included of time 1d. Enter of in the applicable	<u>0</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2023)

(gambling) winnings to prize winners?

Form 990 (2023) YES HOUSING OF ARIZONA, INC.

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

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b					
	D. I			За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	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 A	ccour	nts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	·	5b		X			
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons c	r gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	luired						
	to file Form 8282?	· · · · · · · ·		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				Х			
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f 7g		X			
g									
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ne	8					
•	sponsoring organization have excess business holdings at any time during the year?								
	9 Sponsoring organizations maintaining donor advised funds.								
a				9a 9b					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			90					
10 a	Initiation fees and capital contributions included on Part VIII, line 12	10a	.1						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1					
11	Section 501(c)(12) organizations. Enter:	100	' 1	1					
	Gross income from members or shareholders	11a	Л						
	Gross income from other sources. (Do not net amounts due or paid to other sources against	<u> </u>							
-	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$	•	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.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	130	:						
14a				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?			15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								

332005 12-21-23

YES HOUSING OF ARIZONA, INC. 72-1534324 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 5 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's Х exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Own website Another's website X Upon request ___ Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records HOLLY BARELA - 505-923-9606

901 PENNSYLVANIA ST. NE, ALBUQUERQUE,

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior) than (200	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	_	cer an	nd a director/trustee)			tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		ee Ge	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	dual t	rtio na	_	uploy	st cor	-	1000 NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			g
(1) AUGUSTINE C BACA	5.00	<u> </u>	_	_		- u	_			
PRESIDENT/CEO	45.00	Х		х				0.	263,959.	78,633
(2) MICHELLE DENBLEYKER	5.00								,	•
BOARD MEMBER	45.00	Х		х				0.	181,843.	74,296
(3) HOLLY M BARELA	5.00								•	-
SECRETARY/TREASURER	45.00	Х		х				0.	180,719.	63,061
(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 .
		<u> </u>								
]								
		<u> </u>								
]								
				ĺ						

Pai	t VII Section A. Officers, Directors, Trus	tees Kay Emr	alov.	966	and	, Hi	aher	t C	omnensated Employee	S (continued)			
	(A)	(B)	loy	ccs,		2) C)	gnes		(D)	(E)	T	(F)	
	Name and title	Average		Position					Reportable	Reportable		ור) stimate	ad
	Name and title	hours per			heck i ss per				compensation	compensation	- 1	mount	
		week			nd a di				from	from related		other	
		(list any	director						the	organizations	cor	npensa	ation
		hours for	or dire	a a			ted		organization	(W-2/1099-MISC/	1	rom th	ie
		related	stee	ruste			bensa		(W-2/1099-MISC/	1099-NEC)		ganizat	
		organizations below	ıal tru	onal t		oloyee	l com		1099-NEC)		- 1	nd relat	
		line)	Individual trustee or	In stit utio nal tru stee	Officer	sey employee	Highest compensated employee	Former			org	anizati	ons
		,	드	드	Ð	<u>\$</u>	글등	윤					
			•										
			•										
							\vdash						
1b	Subtotal								0.	626,521	. 21	5,9	90.
С	Total from continuation sheets to Part VI	I, Section A							0.	0		0.	
_d	Total (add lines 1b and 1c)								0.	626,521	. 21	5,9	<u>90.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
	compensation from the organization												<u> 0</u>
												Yes	No
3	Did the organization list any former officer,		ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	oyee on			
	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150										4	X	
5	Did any person listed on line 1a receive or a										_		7
500	rendered to the organization? If "Yes," com	<u>plete Schedule</u>	e J fo	or st	ıch r	oers	on				5		X
	ction B. Independent Contractors							41.		100,000 of common and			
1	Complete this table for your five highest co										sation ii	om	
	the organization. Report compensation for	ine calendar ye	eare	riair	ig w	itri C	or wi	unin T	(B)	ear.		C)	
	(A) Name and business	address	NC	ONE	2				Description of s	ervices	Compe		n
			111	7111				\dashv					
								_					
2	Total number of independent contractors (in	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organization	-				(_						

		Check if Schedule O co	ontains a	response o	or note to anv lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenuè excluded from tax under
							function revenue	business revenue	sections 512 - 514
S G	1 2	Federated campaigns		1a					
anta				1b					
يَّ وَ		Membership dues		1c					
fts,		Fundraising events		1d	25,000.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations			23,000.				
ns, Sim		Government grants (contrib	-	1e		1			
utio	Ť	All other contributions, gifts, g							
ĕ		similar amounts not included a		1f					
ont od (-	Noncash contributions included in lin	nes 1a-1f	1g \$		25 000			
<u>o</u> <u>e</u>	h	Total. Add lines 1a-1f				25,000	•		
		DELIES ODI/ELIE ES			Business Code	1 01 5 051	1 01 5 0 5 1		
ce	2 a	DEVELOPMENT FE					.1,017,871.		
ĕ.≺i	b	PROPERTY MANAG	EMEN'	r fe	900099	5,150	5,150.		
Se	С								
ev	d								
Program Service Revenue	е								
Ā	f	All other program service re	evenue						
	g	Total. Add lines 2a-2f				1,023,021	•		
	3	Investment income (includia	ng divider	nds, intere	st, and				
		other similar amounts)							
	4	Income from investment of							
	5	Royalties							
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	С	· · · · · · · ·	6c						
	d	Net rental income or (loss).							
		Gross amount from sales of		ecurities	(ii) Other				
	-		7a						
	h	Less: cost or other basis							
<u>o</u>	-		7b						
Revenue	c	Gain or (loss)							
ě		Net gain or (loss)							
		Gross income from fundraising		I .					
Other	0 a	including \$							
		contributions reported on li							
		· ·	,	I					
	L	Part IV, line 18							
		Less: direct expenses			l				
		Net income or (loss) from fu							
	э а	Gross income from gaming		I					
		Part IV, line 19				1			
		Less: direct expenses							
		Net income or (loss) from g							
	10 a	Gross sales of inventory, le							
		and allowances							
		Less: cost of goods sold							
	С	Net income or (loss) from s	ales of inv	entory					
<u>0</u>					Business Code				
eon Ie	11 a								
lan enu	b							-	
Miscellaneous Revenue	С								
Mis	d	All other revenue							
	е	Total. Add lines 11a-11d							
	12	Total revenue. See instruction	ns			1,048,021	.1,023,021.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 2,600. 2,600. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 96,637. 96,637. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 87. 87. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 9,226. 9,226. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,303. 3,006. 297. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 151,401. 151,401. OPERATING TRANSFERS MEMBERSHIP AND LICENSE 45. 20. 25. С d All other expenses 263,299. 251,064. 12,235. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,009.	1	26,000.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	8,825.
	5	Loans and other receivables from any current or former officer, director			
		trustee, key employee, creator or founder, substantial contributor, or 3	5%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(6	
S	7	Notes and loans receivable, net	1,124,540.	7	1,887,507.
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	132.	13	-100,159.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1 1 10 5 601	16	1,822,173.
	17	Accounts payable and accrued expenses		17	12,061.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 3	5%		
ia pi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Par	t X		
		of Schedule D		25	10.01
	26	Total liabilities. Add lines 17 through 25	0.	26	12,061.
"		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.	1 105 501		1 010 110
<u>la</u>	27	Net assets without donor restrictions		27	1,810,112.
Ba	28	Net assets with donor restrictions		28	
nu		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	4 04 2 4 2
Š	32	Total net assets or fund balances	1,125,681.	32	1,810,112.
	33	Total liabilities and net assets/fund balances	1,125,681.	33	1,822,173.

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,04					
2	Total expenses (must equal Part IX, column (A), line 25)	2			99.			
3	Revenue less expenses. Subtract line 2 from line 1	3			22.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,12	5,6	<u>81.</u>			
5	Net unrealized gains (losses) on investments	5	-10	0,2	91.			
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,							
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 O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi							
	ar guidte, explain why an Cahadula O and decaribe any stone taken to undergo and pudite		0.5					

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

YES HOUSING OF ARIZONA,

Employer identification number

72-1534324 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					25,000.	25,000.
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						
	Total. Add lines 1 through 3					25,000.	25,000.
	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.						25,000.
	tion B. Total Support						23,000.
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(a) 2019	(b) 2020	(0) 2021	(u) 2022	25,000.	25,000.
	Gross income from interest,					23,0001	23,000
	dividends, payments received on						
	· · · · · · · · · · · · · · · · · · ·						
	securities loans, rents, royalties,		15,793.				15,793.
	and income from similar sources		13,733.				13,733.
	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						10 702
	Total support. Add lines 7 through 10	. ,				1 10	40,793.
	Gross receipts from related activities,	•	,				<u>,535,481.</u>
	First 5 years. If the Form 990 is for th	-			•		
_	organization, check this box and stop						
	tion C. Computation of Publi			- l (f))			61.29 %
	Public support percentage for 2023 (li					14	24 26
	Public support percentage from 2022					15	
	33 1/3% support test - 2023. If the contraction and life of	-					77
	stop here. The organization qualifies		•				
	33 1/3% support test - 2022. If the c						
	and stop here. The organization quali						
	10% -facts-and-circumstances test	-	-				
	and if the organization meets the facts			=		_	
	meets the facts-and-circumstances te	_	· ·	*	-		
	10% -facts-and-circumstances test	-	-				U% or
	more, and if the organization meets th						
	organization meets the facts-and-circu		ne organization qua	lifies as a publicly	supported organiz	zation	<u></u>
	Private foundation. If the organizatio			4.01 4.00			

332022 12-21-23

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

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Schedule A (Form 990) 2023

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.)

		Yes	No
	1		
	2		
	3a		
	Sa		
	OI.		
	3b		
	_		
	3c		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5c		
	50		
	6		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	_		

Par	t IV Supporting Organizations (continued)			-g
	11 5 5 (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11.5		
Ū	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			l
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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			
	, ,	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	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			
	·	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions			
· a	The organization satisfied the Activities Test. Complete line 2 below.	<i>,</i> ,.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	netruction	20)	
2	Activities Test. Answer lines 2a and 2b below.	istruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	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			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		

3b | Schedule A (Form 990) 2023

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.

Sche	edule A (Form 990) 2023 YES HOUSING OF ARIZONA,			72-1534324 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	g trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Schedule	Δ	(Form	990)	2023

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

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

6

7

8

7

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

8 Distributions to attentive supported organizations to which the organization is responsive

Total annual distributions. Add lines 1 through 6.

(provide details in Part VI). See instructions.

Distributable amount for 2023 from Section C, line 6	9			
Line 8 amount divided by line 9 amount	10			
ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
Distributable amount for 2023 from Section C, line 6				
Underdistributions, if any, for years prior to 2023 (reason-				
able cause required - explain in Part VI). See instructions.				
Excess distributions carryover, if any, to 2023				
From 2018				
From 2019				
From 2020				
From 2021				
From 2022				
Total of lines 3a through 3e				
Applied to underdistributions of prior years				
Applied to 2023 distributable amount				
Carryover from 2018 not applied (see instructions)				
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
Distributions for 2023 from Section D,				
line 7: \$				
Applied to underdistributions of prior years				
Applied to 2023 distributable amount				
Remainder. Subtract lines 4a and 4b from line 4.				
Remaining underdistributions for years prior to 2023, if				
any. Subtract lines 3g and 4a from line 2. For result greater				
than zero, explain in Part VI. See instructions.				
Remaining underdistributions for 2023. Subtract lines 3h				
and 4b from line 1. For result greater than zero, explain in				
Part VI. See instructions.				
Excess distributions carryover to 2024. Add lines 3j				
and 4c.				
Breakdown of line 7:				
Excess from 2019				
Excess from 2020				
Excess from 2021				
Excess from 2022				
	Line 8 amount divided by line 9 amount ion E - Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021 From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 Excess from 2020 Excess from 2021	Line 8 amount divided by line 9 amount (i) Excess Distributions Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required · explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2020 From 2021 From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 Excess from 2020 Excess from 2021	Line 8 amount divided by line 9 amount (i) (ii) Excess Distributions Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021 From 2021 From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: \$ Applied to 2023 distributable amount Remaining underdistributions for years prior to 2023, if any. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2020 Excess from 2020 Excess from 2021	Line 8 amount divided by line 9 amount (i) (ii) Excess Distributions Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions). Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: \$ Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions of years prior to 2023, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions carryover to 2024. Add lines 3j and 4b. Breakdown of line 7: Excess from 2020 Excess from 2020 Excess from 2021 Excess from 2020 Excess from 2021

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

YES HOUSING OF ARIZONA 72-1534324 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

YES HO	USING	OF	ARIZONA,	INC.
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72-1534324

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

YES HOUSING OF ARIZONA, INC.

72-1534324

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26	00		Schedule B (Form 990) (2023)

Page 4

Name of organization **Employer identification number** YES HOUSING OF ARIZONA, INC. 72-1534324 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

YES HOUSING OF ARIZONA, INC.

Employer identification number 72-1534324

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's						Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, d	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

332051 09-28-23

Schedule D (Form 990) 2023

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

	t III Organizations Maintaining Co	llections of Art				r Othe	r Si			Conti		age 🚣
3	Using the organization's acquisition, accession									(COIIII	<u>iueu)</u>	
3	collection items (check all that apply).	i, and other records	s, crieck	ally of the i	ionowing that	i make s	sigi iiii	cant	136 01 113			
_					banaa nyaaw							
a	Public exhibition	d			hange progra							
b	Scholarly research	е		Other								
C	Preservation for future generations			6 41 41-						VIII		
4	Provide a description of the organization's coll								se in Part	XIII.		
5	During the year, did the organization solicit or									7 v		٦ ٨١٠
Dai	to be sold to raise funds rather than to be main									Yes		_ No
ı aı	reported an amount on Form 990, Part		te ii the	organization	1 answered	Yes" on	Form	1 990,	Part IV, II	ne 9, or		
10	•		dian, for	oontribution	o or other or	acta no	t incl	ıdad				
ıa	Is the organization an agent, trustee, custodian									Yes		7 Na
	on Form 990, Part X?								∟	_ res		_ No
D	If "Yes," explain the arrangement in Part XIII ar	ia compiete trie ioi	lowing t	abie.			Г			Amoun	+	
_	Deginning belongs						ŀ	40		7111001		
C	Beginning balance							1c				
	Additions during the year							1d				
e	Distributions during the year							1e 1f				
f O-	Ending balance Did the organization include an amount on For							Ш		Yes	\neg	¬ Na
	-						-				H	∐ No □
	If "Yes," explain the arrangement in Part XIII. C TO Endowment Funds Complete if the											
		(a) Current year		rior year	(c) Two yea			Three v	ears back	(e) Fou	r vears	hack
10		(a) carrent year	(2):	nor your	(6) 1110 you	io buon	(4)	, , , , , , , , , , , , , , , , , , ,	ouro buon	(0) 1 00	youro	buon
1a	Beginning of year balance											
b	Contributions Net investment earnings, gains, and losses											
۲ C												
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance	nt veer and belones	lina 1		\\							
2	Provide the estimated percentage of the currer Board designated or quasi-endowment	•	`	j, coluititi (a))) Helu as.							
a		%	_%									
b	Permanent endowment											
С												
2-	The percentages on lines 2a, 2b, and 2c shoul Are there endowment funds not in the possess	•	tion tha	t ara bald an	ad administa	and for t	ha					
Sa	•	sion of the organiza	ilion ina	t are rielu ai	iu auriiriistei	rea for ti	i ie				Yes	No
	organization by:									3a(i)	. 03	
	(i) Unrelated organizations?(ii) Related organizations?											
b	If "Yes" on line 3a(ii), are the related organization	one listed as requir								3a(ii) 3b		
4										SD		
Par	Describe in Part XIII the intended uses of the of the Intended uses of t		willent	urius.								
. u.	Complete if the organization answered		Part IV	line 11a S	See Form 990) Part X	line	10				
	Description of property	(a) Cost or o			or other	i		nulate		(d) Boo	le volu	
	Description of property	basis (investn		` '	(other)			iation	iu	(u) 600	K Valu	Е
	Land	- ` 		24313	(34,131)		-2100					
	Land											
b	Buildings											
q	Leasehold improvements											
d	Equipment											
<u>e</u> Total	Other		V lina 1	00 001::	/D))	I			- -			0.
· via		uai FOILLI 990 PAR	^ IIII E II	n: COMPTON	11711							~ .

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 YES HOUSING	OF ARIZONA,	INC. 7	2-1534324 Page
Part VII Investments - Other Securities			<u> </u>
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives			•
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" o	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
-	Description	,	(b) Book value
(1)	· ·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			-
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5) (6)			
(7)			+

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

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) 2023

(8)

	dule D (Form 990) 2023 YES HOUSING OF ARIZONA, I			Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenu	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Expens	ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 18)		5	

Part XIII Supplemental Information

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

PART 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 2023 AND 2022. AS A RESULT, YES DID NOT RECOGNIZE FEDERAL AND STATE 2023 AND 2022. INCOME TAX FOR THE YEARS ENDED DECEMBER 31,

APPLE RIDGE APARTMENTS, LP; BELLA VISTA TOWNHOMES, LP; BRENTWOOD GARDENS APARTMENTS, LP; CALLE CUARTA LP, LLLP; COPPER TERRACE LIMITED PARTNERSHIP Schedule D (Form 990) 2023 332054 09-28-23

PARTNERS.

LP, LLLP; GALLUP SUNSET HILLS APARTMENTS, LLLP; MESA DEL NORTE APARTMENTS LP, LLLP; MONTANA MEADOWS APARTMENTS, LP; MUSTANG VILLAS LLC; NEW FRONTIER FAMILY LIVING, LLC; NEW LEAF COMMUNITY LP, LLLP; NUEVO ATRISCO APARTMENTS LP, LLLP; ROSWELL SUMMIT APARTMENTS, LP; SKYVIEW TERRACE LP, LLLP; SOLAR VILLA APARTMENTS LP, LLLP; UR 205 SILVER, LLC; WEST BERRY SENIOR APARTMENTS LP, LLLP; WILDEWOOD APARTMENTS, LP; AND YES DEMING MOUNTAIN VIEW APARTMENTS LP, LLLP, AS PARTNERSHIPS, ARE NOT SUBJECT TO FEDERAL INCOME TAX. THE PARTNERS SEPARATELY ACCOUNT FOR THEIR PRO-RATA SHARE OF THE PARTNERSHIPS' ITEMS OF INCOME, DEDUCTIONS, LOSSES, AND CREDITS. THEREFORE, NO PROVISION IS MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS FOR LIABILITIES FOR FEDERAL, STATE, OR LOCAL INCOME TAXES SINCE SUCH LIABILITIES ARE THE RESPONSIBILITY OF THE INDIVIDUAL

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, 2023 AND 2022.

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

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

72-1534324

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number

YES HOUSING OF ARIZONA, INC.

Part I Questions Regarding Compensation

	att Questions negarating compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(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)	252,170.	5,120.	6,669.	47,717.	30,916.	342,592.	0.
(2) MICHELLE DENBLEYKER	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	179,814.	2,029.	0.	36,591.	37,705.	256,139.	0.
(3) HOLLY M BARELA	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY/TREASURER	(ii)	178,690.	2,029.	0.	36,591.	26,470.	243,780.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YES HOUSING OF ARIZONA, INC.

Employer identification number 72-1534324

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

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

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

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

FILING.

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

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

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

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

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

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

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

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

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

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

OR POTENTIAL DEVELOPMENTS WHERE ANY CONFLICT OF INTEREST HAS BEEN

IDENTIFIED AND DISCLOSURE PROCEDURES ARE INITIATED.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL

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

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

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization YES HOUSING OF ARIZONA, INC.	Page 2 Employer identification number 72-1534324
DEVELOPER CONSULTANT:	
PROGRAM SERVICE EXPENSES	96,637.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	96,637.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	96,637.

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number
YES HOUSING OF ARIZONA, INC.	72-1534324
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 of foreign country)	(d) or Total inco	ome	(e) End-of-year		(f) controlling entity	ontrollin	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34,	because	it had one	or more	related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Publi status	(e) ic charity (if section	Dired	(f) et controlling entity	cont	g) 512(b)(13) rolled tity?
YES HOUSING, INC - 85-0388252				50	1(c)(3))			Yes	No
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) 2023

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.

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General managir	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	alloca	ations?	amount in box 20 of Schedule	partner	?
		country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes N	ο
NEW FRONTIER FAMILY LIVING											
LLC - 81-4350105, 901											
PENNSYLVANIA ST. NE,	AFFORDABLE		NEW FRONTIER								
ALBUQUERQUE, NM 87110	HOUSING	ΑZ	MM, LLC	RELATED	-70.	-24,309.		X	N/A	X	.01%
MUSTANG VILLAS LLC -											
86-1832666, 901 PENNSYLVANIA											
ST. NE, ALBUQUERQUE, NM	AFFORDABLE		YES MUSTANG								
87110	HOUSING	ΑZ	VILLAS LLC	RELATED	-11.	3,881,694.		X	N/A	X	.01%
]										
	1										
	•		•	•			•	•	•	•	•

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(t contr ent	tion b)(13) rolled tity?
NEW FRONTIER MM LLC - 81-4371343			VEG HOUGING OF						
901 PENNSYLVANIA ST. NE ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING		YES HOUSING OF ARIZONA, INC.	C CORP	-70.	-24,309.	100%	Х	
YES MUSTANG VILLAS LLC - 86-1857732 901 PENNSYLVANIA ST. NE	A HEODDADI E. HOUGING		YES HOUSING OF	a copp	11	2 991 604	100%	v	
ALBUQUERQUE, NM 87110	AFFORDABLE HOUSING	AZ	ARIZONA, INC.	C CORP	-11.	3,881,694.	100%	Х	
									

Part V	Transactions With Related Organizations.	Complete if the organization answered "Y	es" on Form 990,	Part IV, line 34, 35b, or 36.
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Not	: 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	s with one or more re	elated organizations listed i	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		Х		
b	Gift, grant, or capital contribution to related organization(s)				1b		Х		
С	Gift, grant, or capital contribution from related organization(s)				1c	X			
	Loans or loan guarantees to or for related organization(s)				1d	X			
е	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				1f		X		
	g Sale of assets to related organization(s)								
h	h Purchase of assets from related organization(s)								
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
	Performance of services or membership or fundraising solicitations for related organic				11	Х			
	Performance of services or membership or fundraising solicitations by related organ				1m		Х		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X		
	Sharing of paid employees with related organization(s)				10	Х			
р	Reimbursement paid to related organization(s) for expenses				1p	Х			
q	Reimbursement paid by related organization(s) for expenses				1q	Х			
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 w	ho must complete th	is line, including covered r	elationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	olved/				
(1)									
(0)									
(2)									
(3)									
(4)									
(5)									
,									

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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 country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000