

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. Co to vary ire gov/Earm000 for instructions and the lettert inte

Open to Public

•	nal Reven	ue Service	► Go to	www.irs.gov/Form99	0 for instructions a	nd the latest infe	ormatio	n.		ins	pection	
Α	For the	2021 calenda	ar year, or tax year begii			-01 , 2021, an			06	-30 ,20	22	
В	Check if a	applicable:	C Name of organization	OUSING SOLUTIO	NS OF NORTHE	RN ARIZONA	, INC) Emplo	yer identificat	tion number	
	Address o	change	Doing business as						-	86-0732	2457	
	Name cha	ange	Number and street (or	P.O. box if mail is not deliver	ed to street address)	F	Room/suite		Teleph	one number		
	Initial return PO BOX 30134								•	(928) 23	14-7456	
	Final retu	m/terminated	City or town, state or p	rovince, country, and ZIP or f	oreign postal code				G Gross			
] .	Amended	l retum	FLAGSTAFF, AZ	86003					\$		2,752,873	
] .	Applicatio	on pending	F Name and address of p	orincipal officer:				H(a) Is this a gro	oup return fo		Yes X No	
								H(b) Are all su	bordinate	s included?	Yes No	
<u> </u>	Tax-exem	pt status:	501(c)(3) 501(c) () 4 (insert no.)	4947(a)(1) or	527		If "No," at	ltach a list	t. See instructio	ons	
J '	Website:	▶ www	.HOUSINGNAZ.ORG					H(c) Group ex	emption r	number		
				ssociation Other		L Year of formation:	1990	O M St	ate of lega	al domicile:	AZ	
Pa	rt I	Summar	y									
	1	Briefly descril	be the organization's miss	ion or most significant	activities: THI	ORGANIZAT	ION'S	MISSIO	N IS	TO BUIL	D	
ø		OPPORTUN:	ITIES FOR SUSTAI	NABLE, AFFORDA						<u></u>		
Activities & Governance						<u> </u>						
E			<u> </u>			WA.						
Š	2	Check this bo	ox 🕨 🔲 if the organizatio	n discontinued its oper	rations or disposed	of more than 25%	of its n	et assets.				
ල නේ	3	Number of vo	ting members of the gove	erning body (Part VI, lir	ne 1a)		%		3		18	
es.	4		dependent voting membe		14.7		<u>.</u>		4		18	
Ζŧ	5		of individuals employed in		Part V, line 2a)🐍		4		5		18	
£	6		of volunteers (estimate if			Parity Burn			6			
			d business revenue from						7a		0	
	b	Net unrelated	business taxable income	from Form 990-T, Par	t I, line 11 · · ·	<u>} **}</u>			7b		0	
				140 E	n Win d	Į.		Prior Year		Curre	ent Year	
4.	8		and grants (Part VIII, line	# NF		• • • • • • •		1,933,	308		1,698,925	
ĕ	9	-	ice revenue (Part VIII, line					45,	933		265,940	
Revenue			come (Part VIII, column (\$17.7.7h	· · · / / / / · · · · ·	• • • • • • • •					15,180	
ď	1		e (Part VIII, column (A), lir	1000	Ellerand CART II	• • • • • • •		637,	183	<u> </u>	772,828	
			- add lines 8 through 11 (2,616,	424	2	2,752,873	
			milar amounts paid (Part i	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3)			230,	376		93,000	
	1		to or for members (Part I)	No.		• • • • • • • •					0	
ģ	1		r compensation, employe	ASSESSED TO THE PROPERTY OF THE PARTY OF THE	umn (A), lines 5-10)			717,	746		765,564	
Expenses			undraising fees (Part IX, ç	72 V24.2-A	• • • • • • • •						0	
çbe			ing expenses (Part IX, 矣	50A		84,683					the great and th	
ш			es (Part IX, column (A), lii		• • • • • • •			863,	064	1	L,061,586	
			s. Add lines 13-17 (must					1,811,	186	1	1,920,150	
	19	Revenue less	expenses. Subtract line	18 from line 12				805,	238		832,723	
Soci			A. W.	A)			Beginn	ing of Current	Year	End o	of Year	
sset Bala	20	Total assets (F	The state of the s	F	• • • • • • • • • •	• • • • • • •		7,113,		11	,849,928	
Net Assets or Fund Balances	21		(Part X, line 26)			• • • • • • •		5,228,			,132,458	
Z _L	22 rt	Signatur	tund balances, Subtract I	ine 21 from line 20				1,884,	747	2	2,717,470	
		Q (3.)	ere that I have examined this retu	m. including accompanying	chedulas and statement	and to the heat of m	kaaulad	an and balint i	t in			
true,	сопест, аг	nd complete. Decla	aration of preparer (other than of	icer) is based on all informat	ion of which preparer has	any knowledge.	y Kilowieu	ge and belier, i	(is			
	l,	h petrok	NA MATAUGUI IN	1) red						2/21/	23	
igi	n	Signature	NA MCLAUGHLIN of officer				 .		Date	2/2/	<u>25</u>	
ler	Į,	DETON	MA MOTATION THE	WIRE EVEN	OFFICER				0.00			
	·		NA MCLAUGHLIN, C int name and title	HIEF EXECUTIVE	E OFFICER	·····						
		Print/Type prepa		Preparer's signature		Date		Check] _{if} [PTIN		
aic	t		Klomann CPA	'		03-09-2023	2	_	┛ "┃		2160	
	parer	Firm's name		Klomann, CPA,	PI.I.C	N3-U3-2U23		self-emplo	yeu	P00848	1400	
-	Only			Cedar Ave	21110							
				FF AZ 86004			110	ne no.	228-7	71-2005		
lav t	he IRS	discuss this re	turn with the preparer sho		ctions					74-8995 · · · Y	es X No	
			h								KN 110	

Form	990 (2021) HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC. 86-0732457 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION'S MISSION IS TO BUILD OPPORTUNITIES FOR SUSTAINABLE, AFFORDABLE HOUSING IN
	NORTHERN ARIZONA.
	NORTHER ACTION.
2	Did the organization undertake any significant program services during the year which were not listed on the
4	prior Form 990 or 990-EZ? Yes 😿 No
	ullet
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
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 \$ 617,930 including grants of \$) (Revenue \$)
	TRANSITIONAL HOUSING - SHARON MANOR IS A TRANSITIONAL HOUSING FACILITY THAT COMBINES SAFE, DECEN
	AND AFFORDABLE HOUSING WITH SUPPORT SERVICES FOR HOMELESS WOMAN AND CHILDREN SURVIVORS OF
	DOMESTIC VIOLENCE. RESIDENTS STAY AT SHARON MANOR FOR ONE OR TWO YEARS WHILE THEY BUILD RESOURCE.
	FOR SELF-SUFFICIENCY. IN ORDER TO QUALIFY TO LIVE AT SHARON MANOR, RESIDENTS MUST BE LOW INCOME,
	EARNING NO MORE THAN 60% OF THE AREA MEDIAN INCOME. THEY ALSO MUST BE HOMELESS AND HAVE A HISTOR
	88.92 M. Carlo A.
	OF DOMESTIC VIOLENCE/ABUSE.

4b	(Code:) (Expenses \$448,091 including grants of \$) (Revenue \$)
	RENTAL PROPERTY - PROVIDE LOW INCOME RENTAL HOMES TO LOW INCOME FAMILIES.
	Harris Control of the
	78 74 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4c	(Code:) (Expenses \$
	HAP - HOUSING SOLUTIONS IS A HUD-APPROVED COUNCELING AGENCY THAT PROVIDES PRE- AND POST-PURCHASE
	COUNCELING AND EDUCATION TO HELP FAMILIES IDENTIFY AND MAINTAIN DECENT, AFFORDABLE HOUSING. IN
	2008, HOUSING SOLUTIONS EXPANDED ITS COUNSELING PROGRAM TO PROVIDE FORECLOSURE MITIGATION
	COUNCELING SERVICES, HELPING HOUSEHOLDS TO MAINTAIN HOMEOWNDERSHIP AND/OR MITIGATE THE NEGATIVE
	IMPACTS OF FORECLOSURE. HOUSING SOLUTIONS ALSO ADMINISTERS VARIOUS FINANCIAL ASSISTANCE PROGRAMS
	TO ELIGIBLE HOUSEHOLDS, BASED ON NEED. HOUSING SOLUTIONS' HOUSING COUNSELORS ALSO PROVIDE RENTAL
	AND FINANCIAL LITERACY COUNSELING TO LOW- AND MODERATE-INCOME HOUSEHOLDS.
4d	Other program services (Describe on Schedule O.)
-, -	(Expenses \$ 331,116 including grants of \$) (Revenue \$)
4e	Total program service expenses 1,696,813

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			İ
	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)	١.		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to 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,	l _ l		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
0	complete Schedule D, Part III	8		_ X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? 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			
11	$A_{r} = A_{r} + A_{r$	10	Х	
•••	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.			
	W.A. SV		-	15
u	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44.		
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	11a	X	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII	11b		**
c	Did the organization report an amount for investments - program related in Part X, time 13, that is 5% or more	110		X
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	440		
ď	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		X
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		X
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		v
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		_	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		l	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report of 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), Illnes 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	\	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		T	
	If "Yes," complete Schedule G, Part III	19		<u>x</u>
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	1	- 1	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Pa	irt IV Checklist of Required Schedules (continued)		_	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	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			l
	employees? If "Yes," complete Schedule J	23		X
24a	·			ŀ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	۱		İ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	╀
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	١		
	to defease any tax-exempt bonds?	24c	<u> </u>	╁—
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		₩
25a				1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or 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			l
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If Yes," complete Schedule L, Part IV	28b	_	X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-37 if "Yes," complete Schedule R, Part I	33	Х	├ ─
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34_		_X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization?If "Yes, Complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
0	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • • •	· · ·	ᄔ
4 -	Entratta must annotate Dang Affrica 4000 Entra Que a Banki		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		2	
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.		
	reportable gaming (gambling) winnings to prize winners?	1c]	X	L

Form 9	990 (2021) HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC. 86-073	2457	F	age 5
Parl	The state of the s		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
		8		l
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a	<u></u>	x
	If "Yes," enter the name of the foreign country	_ .		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	11.5		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a	ļ .	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		x
	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	
	gifts were not tax deductible?	. 6b	İ	
	Organizations that may receive deductible contributions under section 170(c).	35.		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	. 7a	10	x
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	†	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	 	╅	\vdash
	required to file Form 8282?	. 7c		x
		1		 ^
	If tes, indicate the number of forms 5252 field during the year	. 7e		x
е	Did the diganization receive any lunds, directly of indirectly, to pay premiating on a parsonal agreement assume the particular of the par		 	T
f	Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?	. 7g	╁	X
g	If the organization received a contribution of qualified intellectual property/did the organization file Form 8899 as required?	79 7h	+	X
	If the organization received a contribution of cars, boats, airplanes of other vehicles, did the organization file a Form 1098-C?	. '''	1000	X
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	. 8		.,
	sponsoring organization have excess business holdings at any time during the year?	·	+-	X
	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	• 9a	╬	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	+	X
10	Section 501(c)(7) organizations. Enter:	18.0		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			i e
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	· · 12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 10	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	· · 13a	1	<u> </u>
	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			
	Enter the amount of reserves on hand			1
	Did the organization receive any payments for indoor tanning services during the tax year?	· · 14a	\rightarrow	x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	· · 14b	4	_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			<u> </u>

Form 990 (2021) HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 18 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. 18 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? x 6 Did the organization have members or stockholders? X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Each committee with authority to act on behalf of the governing body? 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.) No 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistled ower policy? 13 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data; and contemporaneous substantiation of the deliberation and decision? The organization's CEO Executive Director, or top management official 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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)

- 17
- 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - X Own website X Another's website
 - X Upon request
- Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records

DEVONNA MCLAUGHLIN (928)214-7456, PO BOX 30134, FLAGSTAFF, AZ 86003

36-0732457 P	age	7
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Form	990	(2021)

Form 990 (2021) HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC.	86-0732437 Tage
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, H	ighest Compensated Employees, and
	Independent Contractors	

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

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

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

Comparison Com	See instructions for the order in which to list the persons a Check this box if neither the organization nor any rela	ted organizatio	n com	pens	ated	any	currer	nt off	icer, director, or tru	stee.	
Name and tills Name and tills Average hours per week (tils any hours for relative compensation from the compensation from the different and almostratives) Page 1								Ç	\	, pr.	ers.
Thousand the control of the contro	(A)	(B)	(do r	not ch			nan <i>o</i> ne	2:	7.5%		
Comparison Com	Name and title	1 -								,	
Column C			OTIC	er and	a a air	ector	/mustee)). I			compensation
(1) DEVONNA MCLAUGHLIN		1 '		~	4	107 1984		ATF			
(1) DEVONNA MCLAUGHLIN		hours for	g and w	nstit	Office	Ç Ç	in dia	911			related organizations
(1) DEVONNA MCLAUGHLIN			ecto dua	Ę	ب	dus	oyar Oyar	ुक्	,,,,,,	·	_
(1) DEVONNA MCLAUGHLIN		1 "	្តិ	15		oye	duo	y_{γ}			
(1) DEVONNA MCLAUGHLIN		1	8	stec		(Capped)	ense			į	
(1) DEVONNA MCLAUGHLIN		1 67A	7	434	90	14.0	rted				
CHIEF EXECUTIVE OFFICER					ने रेक्ट डे						
CHIEF EXECUTIVE OFFICER		40.00							06.500		0
1 1 1 1 1 1 1 1 1 1		**************************************	11:24:53	-2	X	_			86,598		
TREASORE 1.00			l						•		o
DIRECTOR	11411001411				-			_			
A MONIKA LEUENBERGER	(3) MOSES MILAZZO	- <u>15</u> /37/5									o
DIRECTOR X	\$ 000 per 1 per 1			_	-			_		U	
DIRECTOR	(4) MONIKA LEUENBERGER										o
DIRECTOR	DIRECTOR			-	_				0		
DIRECTOR		_	ſ								o
CHAIR-DEVELOPMENT	DIMOTOR SW MW M	<u> </u>		-		-		 		- <u> </u>	
Total Tota		1.00							0	0	0
DIRECTOR X		1.00		l							
DIRECTOR	= - Archive		X	L					0	0	0
DIRECTOR	(8) SANDI FLORES	1.00									
DIRECTOR	DIRECTOR			<u> </u>	<u> </u>		<u> </u>	_	0	0	0
DIRECTOR	(9) CALEB ALEXANDER	1.00			1		ļ				1
DIRECTOR	DIRECTOR		_		<u> </u>	<u> </u>	<u> </u>	<u> </u>		0	0
DIRECTOR	(10)CHERYL EDGAR	1.00	1							_	
CHAIR - UNDERWRITING HAP	DIRECTOR			_	_	<u> </u>			0	0	0
CHAIR - UNDERWRITING HAP	(11) DEBBIE CUTLIP	2.00				1	1	l		_] _
DIRECTOR	CHAIR - UNDERWRITING HAP			1	┞		<u> </u>	L	0	 	0
DIRECTOR	(12)DAVID PRIEB	1.00			1			1			
DIRECTOR X 0 0 (14)AMANDA GUAY 2.00 X 0 0	DIRECTOR	<u> </u>		_		₽-	├ ─	├-	· •	 	0
CITAL CONTROL OF THE	(13)NATHAN JONES	1.00] _
DIRECTOR X 0 0	DIRECTOR			\vdash		_	ļ. —	 	0_	 	0
DIRECTOR I I A I I I I I I I I I I I I I I I I	(14)AMANDA GUAY	2.00)		1					_	_
	DIRECTOR		X		Ŀ		<u> </u>	<u> </u>	1 0	0	Form 990 (2021

7 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					(C)							
(A) Name and title	(B) Average hours per week	ge box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2)		(F) Estimated am of other compensat	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		1099-MISC/ 1099-NEC)	(organizatio ated orga	on and
(15) FELIX DURAZO DIRECTOR	1.00	x						0	0		_	0
(16)KATHY_GIMINEZ	2.00											
VICE PRESIDENT (17)JOHN FOCKLER	2.00	X		X				0	0			0
DIRECTOR		x		х				0	0			0
(18) JENNIFER SHARP SECRETARY	2.00	x		x				. 0	0			0
(19)DAVID MCINTIRE PRESIDENT	1.00			х			lia.	0	0			0
(20)				_	<u>ر</u>	TO A						<u> </u>
(21)				2			# N	1 1/4 1/4				
(22)				Pilot.								
(23)		37	H Po		الا الد الدي	<u>.</u>	(1)					
(24)			(%)		(° °							
(25)												
1b Subtotal	.	• • •	• • •	• •	• •		• •	-				
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)	760		• • •	• • •	• •	• • •		06 500	0	+		0
2 Total number of individuals (including but not limite	- 7-8	ed abo	ve) v	who	rece	ived n	nore	86,598 than \$100,000 of	<u> </u>			
reportable compensation from the organization	>										1,,	<u> </u>
3 Did the organization list any former officer director.	trustee, key e	mploye	e, or	r hial	hest	comp	ensa	ited			Yes	No
employee on line 1a? If "Yes," complete Schedule J	for such indivi	idual								з		x
4 For any individual listed on line 1a is the sum of re organization and related organizations greater than \$	150,000? <i>If "</i>	Yes," c	ompl	lete :	Sche	dule J	for s	such				
individual										• 4		X
for services rendered to the organization? If "Yes," or Section B. Independent Contractors	omplete Sche	dule J	for su	uch p	erso	on				. 5		х
Complete this table for your five highest compensa	ted independ	ent cor	ntrac	tors	that	receiv	ed n	nore than \$100,000	of			
compensation from the organization. Report compe	ensation for th	re cale	ndar	yea	r en	ding w	ith o		ation's tax year.			
									C) ensation	<u></u>		
								-				
											-	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization												

86-0732457 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Total revenue Related or exempt Unrelated Revenue excluded from tax under function revenue business revenue sections 512-514 Federated campaigns 1b h Contributions, Gifts, Grants and Other Similar Amounts Fundraising events 1c 1d Government grants (contributions) . . 787,494 All other contributions, gifts, grants, and similar amounts not included above 911,431 Noncash contributions included in lines 1a-1f 1g 5,809 h Total. Add lines 1a-1f 1,698,925 **Business Code** 2a CONSTRUCTION INCOME 230000 265,940 265,940 Program Service Revenue All other program service revenue 265,940 Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds <u>: 5</u>93, 398 6a Gross rents 6b b Less: rental expenses . . c Rental income or (loss) d Net rental income or (loss) 593,398 593,398 (ii) Other 🕹 (i) Securities 7a Gross amount from sales of assets other than inventory 15,180 b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) . 7c d Net gain or (loss) · · · · · · 企思 15,180 15,180 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV line 18 8a b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . 179,430 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory 179,430 179,430 **Business Code** 11a d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

.

2,752,873

281,120

Form 990 (2021) HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC.

Part IX | Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all colum		ns must complete colum	n (A).	
	Check if Schedule O contains a response or note to a				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	93,000	93,000		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	86,598	78,858	3,578	4,162
6	Compensation not included above, to disqualified		10,050		
Ü	persons (as defined under section 4958(f)(1)) and				
	•				
-	polociic doca	552,870	490,533	34,752	27,585
7	outer calarios and mages	332,870	,490,533 (A)	34,132	21,363
8	Pension plan accruals and contributions (include		W		
_	section 401(k) and 403(b) employer contributions)		94, 352	16.400	E 157
9	Other employee benefits	116,008	***************************************	16,499	5,157
10	Payroll taxes	10,088	ST0. 8',570	1,100	418
11	Fees for services (nonemployees):				
a	Management	4804			
b	Legal · · · · · · · · · · · · · · · · · · ·	75. 19.5%	Research Color		
C	Accounting				····
d	Lobbying	<u> </u>			
е	20	1937 M. /			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	₩			
	(A) amount, list line 11g expenses on Schedule O.)	46,365	40,463	3,876	2,026
12	Advertising and promotion	<u> </u>	1,695	408	15,695
13	Office expenses	153,694	58,576	66,912	28,206
14	Information technology · · · · · · · · · · · · · · · · · · ·				
15	Royalties				
16	Occupancy	₃ 307,483	303,718	3,412	353
17	Travel	7,358	6,505	853	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	136,917	136,917		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	199,007	196,434	2,573	
23	Insurance	46,175	41,505	4,670	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount list line 24e expenses on Schedule O.)				
а	FUNDRAISING	927			927
b	PROGRAM	90,467	90,446	21	
c	LICENSES AND PERMITS	553	553		
d	CONSTRUCTION	46,436	46,282		154
6	All other expenses	8,406	8,406		
25	Total functional expenses. Add lines 1 through 24e	1,920,150	1,696,813	138,654	84,683
26	Joint costs. Complete this line only if the	2,020,100	1,050,015	230,034	04/005
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	fundraising solicitation. Check here If if				

orm	990 (2021) HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC. 8	6-0732457		Pa	ge 12
	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	2,	752,	<u>873</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	920,	<u> 150</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		832,	723
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	884,	747
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
••	32, column (B))	10	2,	717,	470
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. 🖳</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				14.
	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		1		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				-
ь	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
Ī	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х	

EEA

Form 990 (2021)

m 990) 2021 HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC. 86-0732457
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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the				:		
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					-	
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 .						
Secti	on B. Total Support		T.		1		
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018)	(c) 2019 <	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		9				
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business) }				
	is regularly carried on		<u> </u>				
10	Other income. Do not include gain or)					
	loss from the sale of capital assets	,					
	(Explain in Part VI.)	A					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the org						
	organization, check this box and stop, here				<u> </u>		<u> ▶ </u>
Secti	on C. Computation of Public Suppor	t Percentage	B				
14	Public support percentage for 2021 (line 6					14	%
15	Public support percentage from 2020 Sch					15	%
16a	33 1/3% support test 2021 In the organization			•		•	
	box and stop here. The organization quali						
b	33 1/3% support test 2020. If the organize						
	this box and stop here. The organization of						
17a	10%-facts-and-circumstances test - 202	•				•	
	10% orimore, and if the organization meets				•	•	
	Part VI how the organization meets the fac			-	•		_
	organization						
b	10%-facts-and-circumstances test - 202	_					
	15 is 10% or more, and if the organization					•	•
	in Part VI how the organization meets the			•	•		•
	organization						
18	Private foundation. If the organization did	I not check a bo	ox on line 13, 1	6a, 16b, 17a, o	r 17b, check th	nis box and see	
	instructions						▶ 🔲

Part X **Balance Sheet**

(A) Beginning of year End of year 921,046 1 1,067,278 Cash - non-interest-bearing 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 71,756 485,375 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 12,096,128 Less: accumulated depreciation 10b 10c 6,111,030 10,288,028 11 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 9,768 9,247 Total assets. Add lines 1 through 15 (must equal line 33) 16 7,113,600 16 11,849,928 Accounts payable and accrued expenses 17 17 116,108 134,289 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, of 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 5,112,745 8,998,169 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17,24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 5,228,853 9,132,458 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets with donor restrictions 27 1,884,747 27 2,717,470 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 Paid in or capital surplus or land, building, or equipment fund 30 Retained earnings endowment, accumulated income, or other funds 31 31 32 32 1,884,747 2,717,470 Total liabilities and net assets/fund balances 33 7,113,600 11,849,928 Form 990 (2021)

orm	1 990 (2021) HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC.	6-073	2457	P	age 12
	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	2	752,	873
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	920,	150
3	Revenue less expenses. Subtract line 2 from line 1	3		832,	723
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	884	747
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2	717,	470
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·		<u></u>	<u>· LL</u>
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.			1.00	740
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 for				
	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	Х	
	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 ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			1	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • • •	· · 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on		'		
	Schedule O.				. "
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?	• • • •	· · 3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

3b

Form 990 (2021)

EEA

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization 86-0732457 HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC. 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 configuration with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city and state of the college or university: X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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 \$09(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 (I, A supporting organization supervised or controlled in confidential with its supported organization(s), by having b 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, C 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) d 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 II, Type III, Type III 8 functionally integrated for Type ill non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (Iv) Is the organization (i) Name of supported organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) instructions) above (see instructions)) document? Yes No (A) (B) (C) (D) (E) Total

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
~	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
J	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by			et de la companya de la companya de la companya de la companya de la companya de la companya de la companya de			
	each person (other than a	100	ied Dinagrafii d				
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 .				tata Tili. Ny faritr'ora ny faritr'ora na ao		
Secti	on B. Total Support			The state of the s	4		
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		- P. 195.	-17			
8	Gross income from interest, dividends,		A CONTRACTOR	1976.			
	payments received on securities loans,						
	rents, royalties, and income from	, 41 M Kr	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	similar sources	A Paris	Talgaria"]	
9	Net income from unrelated business	/V	1// A				
	activities, whether or not the business	+4	W.				
	is regularly carried on						
10	Other income. Do not include gain or	ેન્દ્રક <i>ાન</i> ા ક	25 C				
10	loss from the sale of capital assets had						
	721/1/27	*	•				
44	(Explain in Part VI.)	<u>>.</u>		1, 2,2,1,276		and the second of the second	 ,
11	Total support. Add lines 7 through 10	/				40	
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the org				tax year as a se	ection 501(c)(3)	. –
O = -41	organization, check this box and stop here			• • • • • • •	• • • • • • • •	• • • • • • • •	<u>· · · · ▶ </u>
	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6					14	<u>%</u>
15	Public support percentage from 2020 Sch					15	<u>%</u>
16a	33 1/3% support test 2021. If the organiz						
	box and stop here. The organization qualif						
b	33 1/3% support test > 2020. If the organiz						
	this box and stop here. The organization q			-			_
17a	10%-facts-and-circumstances test - 202	-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the fac						
	organization						
b	10%-facts-and-circumstances test - 2020	D. If the organiz	ation did not ch	eck a box on li	ne 13, 16a, 16t	o, or 17a, and lir	ne
	15 is 10% or more, and if the organization r	neets the facts	-and-circumsta	nces test, chec	k this box and	stop here. Expl	ain
	in Part VI how the organization meets the						
	organization						
18	Private foundation. If the organization did						
	instructions				•		▶ □
		<u></u>				0.1.1.1.1	45

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	748,082	828,060	1,202,052	1.924.805	1,708,296	6,411,295
2	Gross receipts from admissions, merchandise			_,	,		
_	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513				1		
4	Tax revenues levied for the						
4	1						
	organization's benefit and either paid to				İ		
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						6 444 005
6	Total. Add lines 1 through 5	748,082	828,060	1,202,052	1,924,805	1,708,296	6,411,295
7a	• • •			W.	ì		
	received from disqualified persons .			APPEN TO A			
b	Amounts included on lines 2 and 3			数数。 "我			
	received from other than disqualified						
	persons that exceed the greater of \$5,000			NA THE			
	or 1% of the amount on line 13 for the year		*********	25 10 f			
C	Add lines 7a and 7b		Ago HOUSE	%		1	
8	Public support. (Subtract line 7c from						
	line 6.)			<u> </u>		<u> </u>	6,411,295
	on B. Total Support		THE SOLUTION OF THE SOLUTION O			T	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	748,082	828,060	1,202,052	1,924,805	1,708,296	6,411,295
40~	Gross income from interest, dividends,	****	L.89				
10a		The state of the s	Caller .	į.			1
IUA	payments received on securities loans, rents,	A. A.					
IVA	payments received on securities loans, rents, royalties, and income from similar sources		<i>W</i>				
b	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less)						
	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b						
b	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
b	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or						
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b						
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 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 Other income. Do not include gain of loss from the sale of capital assets (Explain in Part VI)		1,241,296	206,875	45,933	265,940	2,492,611
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b		1,241,296	206,875	45,933	265,940	2,492,611
ь с 11	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support: (Add lines 9, 10c, 11, and 12)	732,567	2,069,356	1,408,927	1,970,738	1,974,236	8,903,906
ь с 11	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support: (Add lines 9, 10c, 11,	732,567	2,069,356	1,408,927	1,970,738	1,974,236	8,903,906
b c 11 12	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support: (Add lines 9, 10c, 11, and 12)	732,567 1,480,649 panization's first	2,069,356 t, second, third	1,408,927 , fourth, or fifth	1,970,738 tax year as a s	1,974,236	8,903,906
b c 11 12 13	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12). First 5 years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support	732,567 1,480,649 panization's first	2,069,356 t, second, third	1,408,927 , fourth, or fifth	1,970,738 tax year as a s	1,974,236 section 501(c)(3	 8,903,906
b c 11 12 13	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support: (Add lines 9, 10c, 11, and 12). First 5 years. If the Form 990 is for the orgonoganization, check this box and stop here on C. Computation of Public Suppor	732,567 1,480,649 panization's first rt Percentage 3, column (f), di	2,069,356 t, second, third e vided by line 1	1,408,927 , fourth, or fifth	1,970,738 tax year as a s	1,974,236 section 501(c)(3	8,903,906) ▶ □ 72.01 %
b c 11 12 13 14 Secti 15 16	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI:) Total support: (Add lines 9, 10c, 11, and 12) First 5 years. If the Form 990 is for the orgonization, check this box and stop here on C. Computation of Public Support Public support percentage for 2021 (line 8 Public support percentage from 2020 Sch	732,567 1,480,649 panization's first rt Percentage B, column (f), diedule A, Part II	2,069,356 t, second, third e e ivided by line 1	1,408,927 , fourth, or fifth	1,970,738 tax year as a s	1,974,236 section 501(c)(3	 8,903,906
b c 11 12 13 14 Secti 15 16	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	732,567 1,480,649 ganization's first rt Percentage B, column (f), di edule A, Part II come Percer	2,069,356 t, second, third e vided by line 1 II, line 15 .	1,408,927 , fourth, or fifth 	1,970,738 tax year as a s	1,974,236 section 501(c)(3	8,903,906) ▶ □ 72.01 % 68.70 %
b c 11 12 13 14 Secti 15 16	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	732,567 1,480,649 panization's first Tr Percentage R, column (f), di Redule A, Part II Come Percent ne 10c, column	2,069,356 t, second, third e ivided by line 1 II, line 15 	1,408,927 , fourth, or fifth 	1,970,738 tax year as a s	1,974,236 section 501(c)(3 	8,903,906) ▶ □ 72.01 % 68.70 % 0.00 %
b c 11 12 13 14 Secti 15 16 Secti	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	732,567 1,480,649 panization's first rt Percentage R, column (f), di pedule A, Part II come Percer ne 10c, column Schedule A, Pa	2,069,356 t, second, third vided by line 1 II, line 15 ntage (f), divided by art III, line 17	1,408,927 , fourth, or fifth 	1,970,738 tax year as a s	1,974,236 section 501(c)(3	8,903,906) ▶ □ 72.01 % 68.70 % 0.00 % 0.00 %
b c 11 12 13 14 Secti 15 16 Secti 17	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12) First 5 years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2021 (line & Public support percentage from 2020 Schon D. Computation of Investment Investment income percentage from 2020 33 1/3% support tests - 2021. If the organization of university is the organization of the percentage from 2020 33 1/3% support tests - 2021. If the organization of the percentage from 2020 33 1/3% support tests - 2021. If the organization of the percentage from 2020 31 1/3% support tests - 2021. If the organization of the percentage from 2020 31 1/3% support tests - 2021. If the organization of the percentage from 2020 31 1/3% support tests - 2021. If the organization of the percentage from 2020 31 1/3% support tests - 2021. If the organization of the percentage from 2020 31 1/3% support tests - 2021.	732,567 1,480,649 panization's first rt Percentage R, column (f), di ledule A, Part II come Percer ne 10c, column Schedule A, Pa lization did not di	2,069,356 t, second, third t, second, third tivided by line 1 II, line 15 ntage (f), divided by art III, line 17 check the box of	1,408,927 , fourth, or fifth	1,970,738 tax year as a s	1,974,236 section 501(c)(3 15 16 17 18 e than 33 1/3%,	8,903,906) ▶ □ 72.01 % 68.70 % 0.00 % 0.00 % and line
b c 11 12 13 14 Secti 15 16 Secti 17 18	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 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 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI). Total support: (Add lines 9, 10c, 11, and 12) First 5 years. If the Form 990 is for the orgonalization, check this box and stop here on C. Computation of Public Support Public support percentage for 2021 (line 8 Public support percentage from 2020 Schon D. Computation of Investment Investment income percentage from 2020 33 1/3% support tests - 2021. If the organ 17 is not more than 33 1/3%, check this box	732,567 1,480,649 panization's first core Percer ne 10c, column Schedule A, Parization did not ex and stop her	2,069,356 t, second, thirde ivided by line 1 II, line 15 ntage (f), divided by art III, line 17 check the box ore. The organization	1,408,927, fourth, or fifth	1,970,738 tax year as a s	1,974,236 section 501(c)(3	8,903,906) ▶ □ 72.01 % 68.70 % 0.00 % 0.00 % and line
b c 11 12 13 14 Secti 15 16 Secti 17 18	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12) First 5 years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2021 (line & Public support percentage from 2020 Schon D. Computation of Investment Investment income percentage from 2020 33 1/3% support tests - 2021. If the organization of university is the organization of the percentage from 2020 33 1/3% support tests - 2021. If the organization of the percentage from 2020 33 1/3% support tests - 2021. If the organization of the percentage from 2020 31 1/3% support tests - 2021. If the organization of the percentage from 2020 31 1/3% support tests - 2021. If the organization of the percentage from 2020 31 1/3% support tests - 2021. If the organization of the percentage from 2020 31 1/3% support tests - 2021. If the organization of the percentage from 2020 31 1/3% support tests - 2021.	732,567 1,480,649 panization's first core Percer ne 10c, column Schedule A, Parization did not ex and stop her	2,069,356 t, second, thirde ivided by line 1 II, line 15 ntage (f), divided by art III, line 17 check the box ore. The organization	1,408,927, fourth, or fifth	1,970,738 tax year as a s	1,974,236 section 501(c)(3	8,903,906) ▶ □ 72.01 % 68.70 % 0.00 % 0.00 % and line
b c 11 12 13 14 Secti 15 16 Secti 17 18 19a	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 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 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI). Total support: (Add lines 9, 10c, 11, and 12) First 5 years. If the Form 990 is for the orgonalization, check this box and stop here on C. Computation of Public Support Public support percentage for 2021 (line 8 Public support percentage from 2020 Schon D. Computation of Investment Investment income percentage from 2020 33 1/3% support tests - 2021. If the organ 17 is not more than 33 1/3%, check this box	732,567 1,480,649 panization's first rt Percentage B, column (f), di pedule A, Part II come Percer ne 10c, column Schedule A, Part puization did not ex and stop her did not check a be	2,069,356 t, second, third t, second, third tivided by line 1 II, line 15 ntage (f), divided by art III, line 17 check the box of the organization on line 14 or line	1,408,927 , fourth, or fifth	tax year as a s	1,974,236 section 501(c)(3	8,903,906) ▶ □ 72.01 % 68.70 % 0.00 % 0.00 % and line

Part IV Supporting Organizations

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

Section A. All Supporting Organization	IS

- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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, of 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?
- 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).
- 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 of 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 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
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	4a		
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	10b		

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in 11a above? c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization operate of the benefit carried out the purposes of the supporting organization's in Part VI how providing such benefit carried out the purposes of the supported organization's in Part VI how providing such benefit carried out the purposes of the supported organization's in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If No, "describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations	Part I	V Supporting Organizations (continued)			
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Schedule A (Form 990) 2021 HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC.

Part	Check here if the organization satisfied the Integral Part Test as a qualifying tr			Part VI) See
•	instructions. All other Type III non-functionally integrated supporting organization			
Secti	on A - Adjusted Net Income	1011	(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			1
	property held for production of income (see instructions)	6]
7	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1à		
	Average monthly cash balances	1b	λ	
C	Fair market value of other non-exempt-use assets	1c	RA.	
d	Total (add lines 1a, 1b, and 1c)	1d	¥	
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		•
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2	and the second of the second o	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		e problem your own in Dr	
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ly in	tegrated Type III supporting	organization

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Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	1			
2	Amounts paid to perform activity that directly furthers exer		ed	П	
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) -	provide details in Part V	(I)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	П	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(3)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See		À		
	instructions.				
3	Excess distributions carryover, if any, to 2021			7.7	
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				44.04.04.0
f	Total of lines 3a through 3e	No. of the last of		3 1	
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)	<i>IJ</i>			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. State				
4	Distributions for 2021 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI See instructions.				
6	Remaining undefdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j			-	
	and 4c				
8	Breakdown of line 7:				
а	Excess from 2017 //				
b	Excess from 2018			4.5	
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021	2.1	· · · · · · · · · · · · · · · · · · ·		

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF.

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

Employer identification number

Name of the organization		Employer identification number
HOUSING SOLUTIONS OF	NORTHERN ARIZONA, INC.	86-0732457
Organization type (check one):		
Films of	Castian	
Filers of:	Section:	
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated a	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	red by the General Rule or a Special Rule.	
•	i), or (10) organization can check boxes for both the General	al Rule and a Special Rule. See
instructions.	er e e e e e e e e e e e e e e e e e e	
General Rule		
☐ For an organization file	g Form 990, 990-EZ, or 990-PE that received, during the	year contributions totaling \$5,000
	roperty) from any one contributor. Complete Parts I and II	
contributor's total contri		
		•
Special Rules	Section of the sectio	
_		
_	scribed in section 501(c)(3) filing Form 990 or 990-EZ that	
	ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedul	
	rom any one contributor, during the year, total contributions n (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1.	
(2) 270 OF the amount of	T(I) I Gill 330/1, air vin, interagrof (ii) I Gill 330-LL, inte I.	Complete i arto i ano ii.
For an organization de	scribed in section 501(c)(7), (8), or (10) filing Form 990 or	990-EZ that received from any one
	ear, total contributions of more than \$1,000 exclusively for r	
	ourposes or for the prevention of cruelty to children or an	mals. Complete Parts I (entering
"N/A" in column (b) ins	ead of the contributor name and address), II, and III.	
	cribed in section 501(c)(7), (8), or (10) filing Form 990 or	
	ear, contributions exclusively for religious, charitable, etc., p	
	rie than \$1,000. If this box is checked, enter here the tota	
during the year for an e	cclusively religious, charitable, etc., purpose. Don't complete this organization because it received nonexclusively religions.	e any of the parts unless the
totaling \$5,000 or more	of this organization because it received nonexclusivery religited during the year	\$
totaling \$5,000 or more	adding the your control of the contr	
Caution: An organization that is	n't covered by the General Rule and/or the Special Rules de	pesn't file Schedule B (Form 990), but it
	ne 2, of its Form 990; or check the box on line H of its Form	
2 to certify that it doesn't meet	he filing requirements of Schedule B (Form 990).	

Name of organization

HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC.

Employer identification number

86-0732457

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	CITY OF FLAGSTAFF 211 W ASPEN AVE FLAGSTAFF AZ 86001	\$80, <u>250</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	RCAC 3120 FREEBOARD DRIVE STE 201 WEST SACRAMENTO CA 95691	\$ 65,303	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 3	DES 1789 W JEFFERSON 940A PHOENIX AZ 85007	\$90,293	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	AZ DEPT OF PUBLIC SAFETY PO BOX 6638 PHOENIX AZ 85005	\$ <u>145,677</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 5	SEDONA HOUSING COUNSELING 102 ROADRUNNER DRIVVE SEDONA AZ 86336	\$50,000	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD 405B PHOENIX AZ 85016	\$120,988	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC.

Employer identification number

86-0732457

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WELLS FARGO FOUNDATION 550 S 4TH ST MINNEAPOLIS MN 55415	\$75,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

➤ Attach to Form 990.

2021

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name c	f the or	ganization		Employer identification number
ious:	ING S	OLUTIONS OF NORTHERN ARIZONA, INC.		86-0732457
Pa		Organizations Maintaining Donor Advised F	unds or Other Similar Funds or Acco	ounts.
		Complete if the organization answered "Yes" of		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate value of contributions to (during year)		
3		egate value of grants from (during year)		
4		egate value at end of year		
5		ne organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
		are the organization's property, subject to the organizati		Yes No
6		ne organization inform all grantees, donors, and donor ac		
		or charitable purposes and not for the benefit of the done		
		erring impermissible private benefit?		
Par		Conservation Easements.		
		Complete if the organization answered "Yes" of	n Form 990, Part IV, line 7	
1	Purpo	ose(s) of conservation easements held by the organization	on (check all that apply).	
	Pr	reservation of land for public use (for example, recreation	or education) Preservation of a	historically important land area
	□Pr	rotection of natural habitat	Preservation of a	certified historic structure
	ΠPr	reservation of open space		
2	_	blete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form of a c	conservation
		ment on the last day of the tax year.		Held at the End of the Tax Yea
а		number of conservation easements		2a
b				2b
С		per of conservation easements on a certified historic stru	12. A	
d		per of conservation easements included in (c) acquired a	7 W. D	
		ic structure listed in the National Register	.cD.	2d
3		per of conservation easements modified, transferred, rele	£1.e. 3	anization during the
		ear >		• · · · • · · · · · · · · · · · · · · ·
4	_	per of states where property subject to conservation ease	ement is located	
5		the organization have a written policy regarding the peri		
		ions, and enforcement of the conservation easements it		∏Yes ∏No
6		and volunteer hours devoted to monitoring, inspecting, h		tion easements during the year
	>			• •
7	Amo	unt of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation	easements during the year
	▶ \$			•
8	Does	each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	I)(B)(i)
	and s	section 170(h)(4)(B)(ii)?		Tyes No
9		rt XIII, describe how the organization reports conservation		
		ce sheet, and include if applicable, the text of the footno		
		nization's accounting for conservation easements.	3	
Par	t III	Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
		Complete if the organization answered "Yes" o		
1a	If the	organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and ba	alance sheet works
	of art	, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in further	rance of public
	servi	ce, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b	If the	organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and balan	ce sheet works of
	art, h	istorical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ace of public service,
	provi	de the following amounts relating to these items:		
		Revenue included on Form 990, Part VIII, line 1		
	(ii) A	ssets included in Form 990, Part X		···· ▶ \$
2	If the	organization received or held works of art, historical trea	sures, or other similar assets for financial gai	n, provide the
		ring amounts required to be reported under FASB ASC 9		
а	Reve	nue included on Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • • •	▶ \$
b	Asse	ts included in Form 990, Part X		> \$

Schedule	D (Form 990) 2021 HOUSING SOLUTION	ONS OF NORTHEI	RN ARIZO	NA, IN	ic.		86-073		Page 2
Par								sets (cont	inued)
3	Using the organization's acquisition, accession	on, and other records	, check any	of the follo	owing that ma	ake signi	ficant use of its		
	collection items (check all that apply):		_	_					
а	Public exhibition		d [=	r exchange pi	rograms			
b	Scholarly research		е [Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they fu	rther the c	organization's	exempt	purpose in Part		
	XIII.								
5	During the year, did the organization solicit or	r receive donations o	f art, historic	al treasur	es, or other s	imilar			
	assets to be sold to raise funds rather than to	be maintained as pa	art of the org	janization'	's collection?		<u>.</u>	. 🗌 Yes	☐ No
Par	t IV Escrow and Custodial Arra								
	Complete if the organization	answered "Yes"	on Form	1990, P	art IV, line	9, or r	eported an an	nount on I	-orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contr	ibutions o	r other assets	not		_	_
	included on Form 990, Part X?				• • • • •			· · 🗌 Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
						L	Aı	mount	
C	Beginning balance					. 10	:		
d	Additions during the year				4.5	. 10			
е	, , , , , , , , , , , , , , ,				777.X	· 1e	·		
f	Ending balance			· · · · · · · · · · · · · · · · · · ·	37579	. <u>1f</u>			
2a	Did the organization include an amount on Fe				7 (1) (2) (2)	•	·	. U Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation ha	s been pr	ovided on Pa	rt XIII			
Par						.			
	Complete if the organization	answered "Yes"	on Form	990, P					
		(a) Current year		r year	(c) Two years	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance	99,683		9 <u>}935</u>		,334	33,73	2	29,124
b	Contributions		M	TAN	45		106,04	2	2,631
C	Net investment earnings, gains, and	A STATE OF THE STA	V)	A					
	losses	(32,008)	3	2,653	4	,526	2,54	3	2,666
d	Grants or scholarships	£./							
е	Other expenditures for facilities and	1.7							
	programs		1891		72	,800			
f	Administrative expenses	3,567 ^{//}	117	2,905	3	,125	98:	3	689
g	End of year balance	<u>🖈 64,108</u>	9:	9,683	69	, 935	141,33	4	33,732
2	Provide the estimated percentage of the curr	2.0		lumn (a))	held as:				
а	Board designated or quasi-endowment	<u>▶ 100.00</u>	_%						
b	Permanent endowment	<u>~</u> %							
C	Term endowment ►%	100							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are	held and	administered	for the		_	
	organization by:								Yes No
	(i) Unrelated organizations				• • • • • •			. 3a(i)	х
	(ii) Related organizations				• • • • • •	• • • •		. 3a(ii)	x
b	If "Yes" on line 3a(li), are the related organiza				• • • • • •	• • • •		. 3b	
4	Describe in Part XIII the intended uses of the		vment funds	i					
Par	493 - 4			.000 -		44) F 000	Det V.	10
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or other		• •	r other basis		Accumulated	(d) Book	value
	The second secon	(investme		(0	other)	d	epreciation		
1a	Land		16,539						46,539
b	Buildings		5,883				1,543,174		62,709
C	Leasehold improvements		27,826				155,821	2	72,005
đ	Equipment	• • 11	15,880				109,105		6,775
е	Other	··							
Total.	Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, c	olumn (B), li	ine 10c.)			▶	10,2	88,028

Schedule D (Form	990) 2021 HOUSING SOLUTION	S OF NORTHER	N ARIZONA,	INC.	86-	0732457	Page 3
Part VII	Investments - Other Securities.						
	Complete if the organization answere	d "Yes" on Forr	n 990, Part I	V, line 11b.	See Form	990, Part X, lir	ne 12.
	(a) Description of security or category (including name of security)		(b) Book value		•	e) Method of valuation: rend-of-year market valu	10
(1) Financial o	lerivatives						
	ld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
_(F)							
(G)							
(H)					 		
	(b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>			<u> </u>		<u> </u>
Part VIII	Investments - Program Related.	d Wash as Fam	000 Dart I	/ line 11e (Coo Form	OOO Dort V lie	12
	Complete if the organization answere	d tes on For	11 990, Part 1	v, line 110. v	see ruiii	990, Pait A, III	10 13.
	(a) Description of investment		(b) Book value	•		 Method of valuation: end-of-year market value 	
				<u> </u>	Cust of	end-or-year market valu	18
(1)			4500				
(2)		-		4466 V			
(3)			THE TEN				
(5)			<u> </u>				
(6)			TON A		<u>-</u> .		
(7)		A. 7. 15 1	A second second				
(8)		- G					
(9)			<u>.</u>				
	n (b) must equal Form 990, Part X, col. (B) line 13.)						,
Part IX	Other Assets.	VA.					
	Complete if the organization answere	d "Yes" on Forr	n 990, Part I	V, line 11d.	See Form	990, Part X, lir	ne 15.
	(a) D	escription				(b) Book	value
(1)DTHER	CURRENT ASSETS	AND THE PARTY.					9,247
(2)							
(3)	- A Company of the Co						
(4)	200 - 200 -	<u> </u>					
(5)							
(6)							
(7)							
(8)							
(9)	53 A3 3 1						
Part X	n (b) must equal Form 990; Part X, col. (B) line 15.) Other Liabilities.			· · · · · · · ·	•		9,247
FaitX	Complete if the organization answere line 25.	d "Yes" on Forr	n 990, Part I'	V, line 11e o	r 11f. See	Form 990, Pa	rt X,
1.	(a) Description of liability	(b) Book va	ahre T				
(1) Federal i		(2) DOOK V	i.		£ . 1	4.30	
(2)	Vis. M						
(3)				: 14 :			
(4)	त्राचा प्राप्त हरूमार -						
(5)							

(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

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

FEA

Page 4

Schedule D (Form 990) 2021

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2021

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Pa	ISING SOLUTIONS OF NORTHERN ort I General Information on	ARIZONA, INC.	tonoo				86-0732457	
						T-0-1		<u> </u>
•	Does the organization maintain records to the selection criteria used to award the gra	substantiate the amour						
2						• • • • • • • • • • • •	• • • • • • • • •	. 🗶 Yes 🗌 No
Pa	Describe in Part IV the organization's product II Grants and Other Assistance	cedures for monitoring tr	ne use of grant funds in the	ne United States.				
. a		ce to Domestic Org	anizations and Dom	estic Government	s. Complete if the org	ganization answered "\	es" on Form 990,	
1	Part IV, line 21, for any recip						,	Γ
	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)				<u>्रि</u> 				
(2)								
(3)			A STATE OF THE STA					
(4)		Geo						
(5)					i			
(6)			4.27					
(7)								
(8)								
(9)								
(10)								
2 3	Enter total number of section 501(c)(3) and Enter total number of other organizations I				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · ·	

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
CASH - DOWN PAYMENT AND RENTAL								
1 ASSISTANCE	7	92,500		FMV				
								
2								
3								
4			Æ					
5								
6								
7								
Part IV Supplemental Information. Provide	the information	equired in Part Islin	e 2; Part III, colum	n (b); and any other addi	tional information.			
	<u> </u>							
			-					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

86-0732457 HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC 01. Form 990 governing body review (Part VI, line 11) THE 990 WAS PREPARED BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S INDEPENDENT PROFESSIONAL ACCOUNTANT PREPARES THE 990, WHICH IS REVIEWED BY OUR THIRD-PARTY, THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER, FINANCE COMMITTEE (A SUB-COMMITTEE OF THE BOARD OF DIRECTORS) AND THE BOARD OF DIRECTORS. THE CHIEF EXECUTIVE OFFICER SIGNS THE 990 AND FILES THE DOCUMENT WITH THE IRS. THE 990 IS PROVIDED TO THE BOARD'S FINANCE COMMITTEE FOR REVIEW PRIOR TO FILING, HOWEVER THE DOCUMENT IS NOT REVIEWED BY THE ENTIRE BOARD. BASED ON THE AUDITED FINANCIALS WHICH ARE REVIEWED BY THE BOARD OF DIRECTORS 47000 02. Conflict of interest policy compliance line 12c DIRECTORS; A BOARD MEMBER WOULD REMOVE POTENTIAL CONFLICTS ARE DISCUSSED BY THE BOARD OF THEMSELVES FROM THE CONVERSATION AND VOTE IF A POTENTIAL CONFLICT OF INTEREST EXISTS WHO CONSULTS WITH ARE ALSO REPORTEED TO THE CHIEF EXECUTIVE OFFICER, THE VOLUNTEER BOARD OF DIRECTORS ON THESE ISSUES TO DETERMINE A top management comp (Part VI, executive director? THE BOARD OF DIRECTERS REVIEWS THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE BASED ON PREDETERMINED GOALS AND BENCHMARKS A COMMITTEE OF THE BOARD IS CREATED TO REVIEW THE CHIEF EXECUTIVE OFFICER PERFORMANCE AND A RECOMMENDATION REGARDING CONTINUED EMPOYMENT ETC IS PRESENTED TO THE BOARD FOR ADOPRTION THE BOARD OF DIRECTORS IS NOT RESPONSIBLE FOR ANNUAL EVALUATIONS OF STAFF; THIS IS COMPLETED BY THE CHIEF EXECUTIVE OFFICER

Name of the organization	Employer Identification number
HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC.	86-0732457
04. Other officer or key employee compensation (Part VI, line 15b	
THE BOARD OF DIRECTORS IDENTIFIES A SUBCOMMITTEE TO CONDUCT AN ANNUAL REVIEW	OF THE CHIEF
EXECUTIVE OFFICER. THIS COMMITTEE MEETS WITH THE CHIEF EXECUTIVE OFFICER TO	DISCUSS
PERFORMANCE OVER THE PAST YEAR, GOALS MOVING FORWARD, CORRECTIVE ACTION, IF	NECESSARY,
ETC. THE COMMITTEE THEN MAKES A RECOMMENDATION TO THE BOARD AT ITS REGULARLY	-SCHEDULED
MEETING REGARDING THE ONGOING EMPLOYMENT OF THE CHIEF EXECUTIVE OFFICER AND	ANY SALARY OR
COMPENSATION CHANGES. THE CHIEF EXECUTIVE OFFICER MEETS WITH ALL EMPLOYEES A	NNUALLY TO
REVIEW JOB PERFORMANCE, DETERMINE GOALS FOR THE FUTURE AND MAKE ANY CHANGES	TO SALARY OR
COMPENSATION.	
05. Governing documents, etc, available to public (Part VI, line 19)	
THESE DOCUMENTS RESIDE AT THE BUSINESS OFFICE FOR HOUSING SOLUTIONS OF N. AR	IZONA, INC
2304 N. THIRDS ST., FLAGSTAFF, AZ 86004. THEY ARE AVAILABLE BASED ON REQUEST	ANY TIME TO
ANY INDIVIDUAL WHO WOULD LIKE TO REVIEW THEM. WE CAN ALSO EMAIL THESE DOCUME	NTS TO ANY
INDIVIDUAL WHO WOULD LIKE TO REVIEW THEM, UPON REQUEST. THEY ARE ALSO AVAILA	
ORGANIZATIONS WEBSITE.	22
06. List of other expenses (Part IX, line 24e)	
Ot. hist of other expenses (rait in, line 24e)	
THE COMPANY SUBSIDIARY PERFORMS CONSTRUCTION SERVICES FOR LOW INCOME RENTAL	AND OWNERSHIP
HOMES.	
And the second s	

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

► Attach to Form 990.

Name of the organization

OMB No. 1545-0047

Open to Public Inspection

Employer identification number HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC. 86-0732457

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1) AHC CONSTRUCTION, 76-0733963				1	,
PO BOX 30134	CONSTRUCTION OF LOW				
FLAGSTAFF AZ 86003	INCOME HOUSING	AZ		10,365	HSNA INC
(2) LENDING SOLUTIONS, 82-1193218	A				
PO BOX 30134					
FLAGSTAFF AZ 86003	NON PREDATORY LENDING	AZ	2,128	133,132	HSNA INC
(3)					
4)					
5)					

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 2(b)(13) ed entity?
(1)			or foreign country)			·	Yes	No
(2)								
(3)								
(4)								
(5)	The state of the s							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from	(f) Share of total income	(g) Share of end-of- year assets	Cispropo allocal	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana part	ral or ging	(k) Percentage ownership
		country)		tax under sections 512-514)			Yes	No		Yes	No	
(1)												
(2)												
(3)												
				A.S.O.							ļ	
(4)			AS .									
(5)		A										

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. Part IV

	(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicite (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i Section 51 contro entil	12(b)(13) rolled ity?
		ing and							Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										

Pa	Transactions with Related Organizations. Complete if the organization answers	ered "Yes" on Form	990, Part IV, line 34	, 35b, or 36.			
No	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organization	nizations listed in Parts II-	IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
	Gift, grant, or capital contribution to related organization(s)				1b		
C	Gift, grant, or capital contribution from related organization(s)				1c		
d	Loans or loan guarantees to or for related organization(s)			<u> </u>	1d		
	Loans or loan guarantees by related organization(s)				1e		
	•			}			
f	Dividends from related organization(s)				1f	-1, -14	
					1g		
	Purchase of assets from related organization(s)				1h		
	Exchange of assets with related organization(s)				1i		
	Lease of facilities, equipment, or other assets to related organization(s)						
•	20000 of identices, equipment, of other assets to related organization(s)		• • • • • • • • • • • •	• • • • • • • • • •			
k	Lease of facilities, equipment, or other assets from related organization(s)						
					1k		
, m	Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • •		11		
n	Sharing of facilities on themselving lists prother seasons with a total and invalid and in		• • • • • • • • • • • •		1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s)				<u>1n</u>		
·	Orizing of paid employees with related organization(s)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	• • • • • • • •	10		
_	Reimbursement paid to related organization(s) for expenses			İ			
					1p		
q	Reimbursement paid by related organization(s) for expenses	• • • • • • • • • • • • •			<u>1q</u>		
	Other transfer of cash or property to related organization(s)				1r		
	The state of the s				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	uding covered relationship	s and transaction thresho	lds.			
	(a):,	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining a	amount i	nvolved	
		type (a-s)					
(1)							
(2)					_		
(3)							
	And the state of t						
(4)	•						
(5)							
(6)							
EEA				Schodu	ulo R (F	orm 991	0) 2021

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. (k) (h) (i) (b) (c) (d) (e) (f) (g) (a) Code V-UBI General or Percentage Share of Share of Name, address, and EIN of entity Primary activity Legal domicile Predominant Are all partners Disproportionate (state or foreign income (related, total income end-of-year atlocations? amount in box 20 managing ownership section 501(c)(3) assets of Schedule K-1 partner? country) unrelated, excluded from tax under organizations? (Form 1065) sections 512-514) Yes No Yes No Yes No (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning

07-01 , 2021, and ending 06-30 ,2022

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information. **EIN or SSN** HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC. 86-0732457 Name and title of officer or person subject to tax DEVONNA MCLAUGHLIN, CHIEF EXECUTIVE OFFICER Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) Form 990 check here > 2,752,873 Form 990-EZ check here . . > 2a Form 1120-POL check here . > 3а 4a Form 990-PF check here . . > b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 8868 check here . . . > b b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here · · · ▶ b Total tax (Form 4720, Part III, line 1) Form 4720 check here · · · ▶ 7a b FMV of assets at end of tax year (Form 5227; Item D) Form 5227 check here · · · ▶ 8a b Tax due (Form 5330, Part II, line 19) 9b 9a Form 5330 check here . . . > Form 8038-CP check here · .▶ □ b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . 10b 10a Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or. Tam a person subject to tax with respect to (name Under penalties of perjury, I declare that and that I have examined a copy of the of entity) 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x lauthorize Johanna Klomann, CPA to enter my PIN as my signature **ERO** firm name Enter five numbers, but do not enter ali zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date ▶ 12-23-2022 Certification and Authentication ERO's EFIN/PIN. Enter your stx-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 865704 25009 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ Date ► 03-09-2023

Statement of Program Service Accomplishments

2021

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86-0732457

Name(s) as shown on return

Your Social Security Number

HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC.

FORM 990-PART III(A) Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES

\$245144

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE

\$0

PROGRAM SERVICES REVENUE

\$0

EXPLANATION

SHARON'S ATTIC - OPERATION OF A SECOND HAND THRIFT STORE TO SUPPORT ALL PROGRAMS.



Statement of Program Service Accomplishments

2021

PG01

Name(s) as shown on return

HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC.

86-0732457

Your Social Security Number

FORM 990-PART III(B) Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES

\$56334

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE

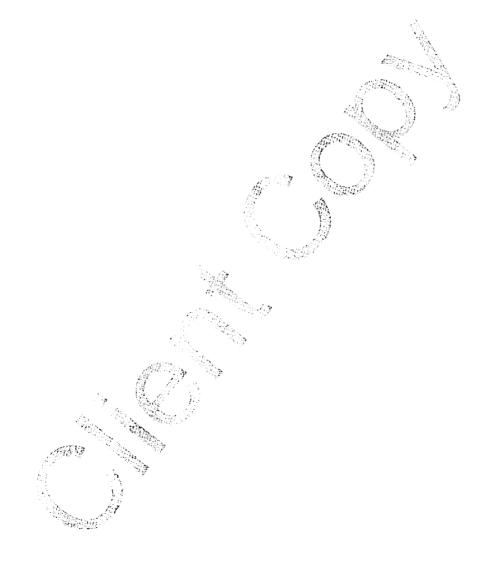
\$0

PROGRAM SERVICES REVENUE

\$0

EXPLANATION

DEVELOPMENT OF AFFORDABLE HOUSING - PURCHASE LAND AND CONSTRUCTION HOMES TO SELL OR RENT TO LOW AND MODERATE INCOME HOUSEHOLDS. THE ORGANIZATION ALSO PURCHASES EXISTING HOMES, REHABILITATES THEM AND SELLS OR RENTS THEM TO LOW INCOME HOUSEHOLDS.



Statement of Program Service Accomplishments Name(s) as shown on return HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC. Statement of Program Service Accomplishments 2021 PG01 Your Social Security Number 86-0732457

FORM 990-PART III(C) Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE

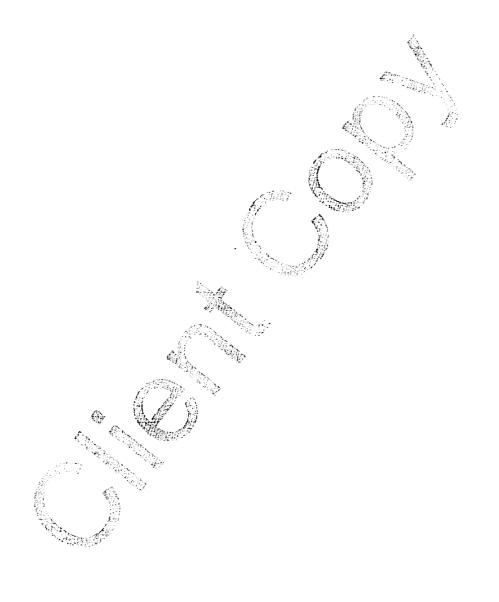
PROGRAM SERVICE EXPENSES \$29638

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE \$0

EXPLANATION

LENDING SOLUTIONS



990	Overflow Statement	2021
	(This page is not filed with the return. It is for your records only.)	Page 1
Name(s) as shown on return HOUSING SOL	UTIONS OF NORTHERN ARIZONA, INC.	86-0732457
Description GRANT REVENU	UE Total	Amount \$ 787,494
Description CONTRIBUTION	NS Total	Amount \$ 905,622 \$ 905,622
Description DONATED SUP	PLIES Total	Amount 5,809 5,809
Description	Total	Amount \$ 569,391 (78,858) \$ 490,533
Description	Total	Amount \$ 38,330 (3,578) \$ 34,752
Description	Total	Amount \$ 31,747 (4,162) \$ 27,585

	Overflow Statement	10004
990	(This page is not filed with the return. It is for your records only.)	2021 Page 2
Name(s) as shown on return	WETCHE OF MODELLEDY ADJECTA THE	FEIN 0.6 0733457
HOUSING SOL	UTIONS OF NORTHERN ARIZONA, INC.	86-0732457
Description		Amount
		\$ 102,922 (8,570)
		(8,570)
	Total:	\$ 94,352
Dogovintion		7
Description		Amount
		(1,100)
	Total:	\$ 16,499
Description		Amount 5,575
		$-\frac{3}{(418)}$
	Total:	
Description		_ Amount
PRINTING AND	D REPRODUCTION DELIVERY	\$ 2,706 1,269
OFFICE SUPP		34,495
OTHER		20,106
	Total:	\$ 58,576
Description :		Amount
Description PRINTING AND	D REPRODUCTION	\$ 2,022
POSTAGE AND	DELIVERY	613
OFFICE SUPP	LIES	23,409 40,868
OTHER	Total:	\$ 66,912
	No.	'======================================
A STATE OF THE STA	The state of the s	

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990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2021 Page 3
Name(s) as shown on return	(This page is not liked with the return, it is not your records only.)	FEIN
	JTIONS OF NORTHERN ARIZONA, INC.	86-0732457
Description PRINTING AND POSTAGE AND OFFICE SUPPI		Amount \$ 119 12,782 3,765 11,540 \$ 28,206
Description UTILITIES		Amount \$ 73,936
SECURITY	MAINTENANCE	2,197 135,530
RENT	MAINIENANCE	75,536
TELEPHONE		16,519
Description	Total:	\$303,718
REPAIRS AND	MAINTENANCE	\$ 769
RENT		20,480
TELEPHONE		2,643
RENT IN KINI		(20,480
	Total:	\$3,412
Description		Amount
TELEPHONE		\$ 205
	MAINTENANCE	148
	Total:	\$ 353
, (<u>1</u> 22)		
Description	\(\frac{\partial}{2}\)	Amount
BAD DEBT	Total:	\$ 8,406 \$ 8,406
The state of the s	TOTAL:	Y

990	Overflow Statement (This page is not filed with the return. It is for you		2021 Page	4
ame(s) as shown on return OUSING SOLU	TIONS OF NORTHERN ARIZONA, II	NC.	86-0732	2457
			Amouni	-
Description EAH CHAP			\$ 6·	4,000 6,250
		Total:	\$	0,250
Description_			Amoun	
FLOODING ASS	ISTANCE FOUNDATION	Total:	5	8,883 2,105 0,988
		e de la companya de l	'=====================================	
Description			<u>Amoun</u> \$ 6,22	<u>t</u> 8,211
BUILDINGS CONSTRUCTION	I IN PROGRESS	Total:	3,17	7,672 5,883
	(1917년년) - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 19			
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