Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

<u>A</u>	For the	e 2017 calend	lar year, or	tax year beg	inning		07-0	1 , 2017, and	ending		06	-30 ,2018
В	Check if	applicable	C Name of o	rganization HOI	JSING S	OLUTIONS O	F NORTHERN	ARIZONA, I	NC.			D Employer identification no
П	Address	change	Doing busi	-								86-0732457
Ħ		_			hav if mail in	not delivered to etre	at address.\			/	_+	
H	Name ch	-			oox ii maii is	not delivered to stree	et address)		Room	suite		E Telephone number
H	Initial ret	กเบ	РО ВО	X 30134								(928)214-7456
닏	Final retu	urn/terminated	City or tow	n, state or provin	ice, country, a	and ZIP or foreign pos	stal code				1	G Gross receipts
Ш	Amended	d return	FLAGS	TAFF, AZ	86003							s 2,519,540
	Application	on pending	F Name and	address of princi	ipal officer				H(a) Is this a group	return fo	or subordinates? Yes X No
]					^	つ н(ь) Are all subo	rdinate:	s included? Yes No
$\overline{}$	Tax-exen	npt status	501(c)(3)	501(c) () 4 (ins	sert no) 49	47(a)(1) or 5	27	ク	If "No." a	attach a	a fist (see instructions)
J	Website			GNAZ.ORG					H(c) Group exe		_
ĸ	Form of a	organization X			Association	Other ►		Year of formation	1990			al domicile AZ
	art I	Summar		<u> </u>	55001411011	C Cinci	·	rear or formation	1990	Mi Otate	or rega	Toomicie A2
تــــــــــــــــــــــــــــــــــــــ	1			nization's mir	acion or mi	ost significant ac	tuutoo ====	000000000				
	'		-			_		ORGANIZATI			IS	TO BUILD
ခ်		OPPORTUN	ITIES F	OR SUSTA	INABLE,	AFFORDABI	LE HOUSING I	N NORTHERN	ARIZ	ONA.		
Governance												
ē												
8	2	Check this b	ox ▶ 📙 if t	he organizati	on discont	inued its operation	ons or disposed o	f more than 25%	of its ne	t assets		
ن الام	3	Number of ve	oting memb	ers of the gov	verning bo	dy (Part VI, line	1a)				3	15
S	4	Number of in	idependent i	voting memb	ers of the	governing body ((Part VI, line 1b)				4	15
ı≝	5	Total number	r of individua	als employed	ın calenda	ır year 2017 (Pa	rt V. line 2a)				5	17
Activities &	6	Total number	r of voluntoo	re (octimato	if nococca	m/)					6	75
ĕ	72	Total uprelate	ed business	revenue fror	n Part VIII	column (C) lun	-10-				7a	
	""	Not uprolate	d huginges t	avable incom	o from Eo	rm 990 T, line 34	RECEIVE	5				0
		Net unrelated	a business t	axable incom	ie irom Fo	rm 990-11, 18 10-32		10		• • • • •	7b	0
Ƨý§nue						7 [7]	ED A E 2040	, lõl		Prior Year		Current Year
	8	Contributions	_	•		88 F	EB .0 5 .2019	} 나았 · · ·		1,165	<u>,941</u>	748,082
	9	Program ser	vice revenue	e (Part VIII, lı	ne 2g) •	• • • • • • •		· · · • • • • · · · ·				703,967
\$	10	Investment in	ncome (Part	VIII, column	(A), lines	3, 4, and 7d) 🕜	GDEN, U			23	,000	28,600
æ	<u> </u> 11	Other revenu	ue (Part VIII,	, column (A),	lines 5, 6d	l, 8c, 9 c, 10c, an	0110) - 11, U	<u>!</u>		424	, 236	1,038,891
- 32	12	Total revenue	e - add lines	8 through 11	(must eq	ual Part VIII, colu	umn (A), line 12)			1,613		
2		Grants and s	sımılar amou	ints paid (Par	t IX, colum	nn (A), lines 1-3)					, 902	
			to or for members (Part IX, column (A), line 4)									05,250
₹	15									079	739,252	
<u>-</u> 8	162	Professional	-			•	(, 1,, 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,			/ 1 19	, 5 / 0	739,232
CANNETP Sell AR	1.02		•	•	•	•						<u> </u>
ΠŠ	1-0	Total fundrais	•	•		· —		82,110				
711	17	Other expens	•							901		· · · · · · · · · · · · · · · · · · ·
Z	18	-		•		art IX, column (A	•			1,713	,360	2,069,077
⋨	19	Revenue les	s expenses	Subtract line	e 18 from l	ine 12 • • • •				(100	,183	450,463
ζį,	S								Beginnii	ng of Current	Year	End of Year
iets	[20	Total assets	(Part X, line	16)						3,242	, 604	4,589,048
Ass	21	Total liabilities	s (Part X, Iır	ne 26) · ·						2,861	.760	3,757,741
Š,	Ē 22	Net assets of	r fund balan	ces Subtrac	t line 21 fr	om line 20 · ·				380		
	ırt II	Signatu	re Block			<u> </u>	·				,	<u></u>
Unc	er penalti				eturn, includir	ng accompanying sch	nedules and statements	s, and to the best of m	v knowled	ge and belief.	ıt ıs	
true	, correct,	and complete Dec	claration of prep	parer (other than	officer) is bas	sed on all information	of which preparer has	any knowledge				
		L (1	1 11	λ·/							12	-11/2019
Sig	ın	Signatur	re of officer	\							Date	
		Oigridia.		115Va	. A.	~ ~ (6	٠				Date	
He	re		uniet		cuti	re Offi	icc					
		Type or s	print name and	title	- 1-1	10. 01	_/)	00-1				
_		Print/Type pre	parer's name		Pr Colon	uterax	toma 11 4	Dayle VA		Check	ıf F	PTIN
Pai			KLOMAN	N CPA		- / (, (02-01-2019		self-employe	d	P00848468
Pre	pare	Firm's name	•	JOHANNA	KLOMA	NN CPA PLL	.c		Firm's	EIN ►		
Us	e Only	Firm's address	s >	419 W A					Phone			
	•			FLAGSTA							28-7	74-8995
May	the IRS	S discuss this	return with t			ve? (see instruc	tions)					· · · Yes X No
		vork Reduction										
	. upc.v		AUC HULL	, , , , , , , , , , , , , , , , , , ,	opulate II	40110113.						Form 990 (2017)

Forn	1990 (2017) HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC.	86-0732457	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	· · · · · 🗍
1	Briefly describe the organization's mission		
	THE ORGANIZATION'S MISSION IS TO BUILD OPPORTUNITIES FOR SUSTAINABLE, AFFORM	DABLE HOUSI	NG IN
	NORTHERN ARIZONA.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□ v ₂₂	El Na
	If "Yes," describe these new services on Schedule O	· · · · 📋 Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
J	Services?	Ves	₩ No
	If "Yes," describe these changes on Schedule O	· · · · 🖂 les	<u>M</u>
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	•	
	the total expenses, and revenue, if any, for each program service reported	,	
_			
4a	(Code) (Expenses \$777,549 including grants of \$) (Revenue	\$ 703	L,936)
	DEVELOPMENT OF AFFORDABLE HOUSING - PURCHASE LAND AND CONSTRUCTION HOMES TO	SELL OR RE	TO TO
	LOW AND MODERATE INCOME HOUSEHOLDS. THE ORGANIZATION ALSO PURCHASES EXISTING	HOMES,	
	REHABILITATES THEM AND SELLS OR RENTS THEM TO LOW INCOME HOUSEHOLDS.		
			
4b	(Code) (Expenses \$ 438,706 including grants of \$) (Revenue	\$ 457	7,749)
	TRANSITIONAL HOUSING - SHARON MANOR IS A TRANSITIONAL HOUSING FACILITY THAT	COMBINES S	AFE,
	DECENT AND AFFORDABLE HOUSING WITH SUPPORT SERVICES FOR HOMELESS WOMAN AND O	HILDREN SU	RVIVORS
	OF DOMESTIC VIOLENCE. RESIDENTS STAY AT SHARON MANOR FOR ONE OR TWO YEARS WE	HILE THEY B	JILD
	RESOURCES FOR SELF-SUFFICIENCY. IN ORDER TO QUALIFY TO LIVE AT SHARON MANOR,		
	BE LOW INCOME, EARNING NO MORE THAN 60% OF THE AREA MEDIAN INCOME. THEY ALSO	MUST BE H	OMELESS
	AND HAVE A HISTORY OF DOMESTIC VIOLENCE/ABUSE.		
	AND THE PARTY OF T		
4c	(Code) (Expenses \$ 240,675 including grants of \$) (Revenue	\$ 269	9,006)
	RENTAL PROPERTY - PROVIDE LOW INCOME RENTAL HOMES TO LOW INCOME FAMILIES.		,
	· · · · · · · · · · · · · · · · · · ·		
			
- N.A.	Other program convece (Decembe in Schodule C.)		
4d	Other program services (Describe in Schedule O) (Expenses \$ 450,442 including grants of \$ 59,200) (Revenue \$ 429.5	.67	
4e		0/)	
EEA	Total program service expenses ► 1,907,372	For	m 990 (2017)

Form 990 (2017)

			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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 Revenue Procedure 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			v
7	"Yes," complete Schedule D, Part I	6		X
′	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			- 21
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		.	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
þ	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	4.45	.	37
16	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		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			17
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			*7
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		Х

Forn1 990 (2017) 7) HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC. Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		j	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d,and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
••	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			,,
~~	disqualified persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		3.5
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	İ		
•	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A surrent or former officer, director, tripted or key employee? If "You " complete Schodule I. Red IV.	200		X
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	-	Λ
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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 more than \$25,000 in non-cash contributions in res, complete scriedale in	23		
••	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			-21
•	Part I · · · · · · · · · · · · · · · · · ·	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			- 21
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			**
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	

17) HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC. Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17	1	İ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•	`	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			•
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		×.	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			`
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		$\overline{\mathbf{x}}$
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter		1	
а	Initiation fees and capital contributions included on Part VIII, line 12		}	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	.		
11	Section 501(c)(12) organizations. Enter	` ,		
а	Gross income from members or shareholders		İ	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		l	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•	.	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			-
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	4	_	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	paymond in the provide an expanditure of the provide an expandation in contiduite of			

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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 15 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 in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Х Each committee with authority to act on behalf of the governing body? 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 in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b С Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 Χ 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 15a Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X with a taxable entity during the year? 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 17 List the states with which a copy of this Form 990 is required to be filed ► Arizona 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) 19 Describe in 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

⊢orm•	990	(2017)	

HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC.

86-0732457

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(C)										
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and Title	Average					han one s both a		Reportable	Reportable	Estimated
	hours per			•		r/trustee		compensation	compensation from	amount of
	week (list any hours for							from the	related organizations	other compensation
	related	Individual trustee or director	Insi	Officer	Ke)	em]	Forme	organization	(W-2/1099-MISC)	from the
	organizations below dotted	vidu	itutic	œr	'em	hest	mer	(W 2/1099-MISC)		organization and related
	line)	or all to	Institutional trustee		Key employee	com				organizations
		stee	ruste		ě	pens				
			ě		'	Highest compensated employee				
(1) KIM BRANSON	2 00								<u> </u>	
CHAIR - SHARON MANOR OVERSIGHT	2.00	x						o	o	o
(2) DEBBIE CUTLIP	2 00				-				<u>U</u>	<u> </u>
CHAIR - UNDERWRITING HAP	2.00	x						o	o	o
(3) CHERYL EDGAR	1.00	Λ.				_	\vdash		U	<u> </u>
DIRECTOR		x						o	o	0
(4) SANDI FLORES	1.00						Н			<u> </u>
DIRECTOR		x						0	o	0
(5) JOHN FOCKLER	2.00								•	<u></u>
VICE PRESIDENT		x		Х				0	o	0
(6) KATHY_GIMINEZ	2.00	11		- 11						
TREASURER		х		Х				0	o	o
(7) MARK GUARD	2.00								•	•
CHAIR - PUBLIC POLICY/MARKETING	=	х						0	o	0
(8) AMANDA GUAY	2.00									
PRESIDENT		Х		Х				0	o	0
(9) NATHAN JONES	1.00									
DIRECTOR		Х						0	o	0
(10)MONIKA LEUENBERGER	1.00									
DIRECTOR		X						0	0	0_
(11)JOHN_LEWIS	1.00									
DIRECTOR		Х						_0	0	0
(12)DAVID_MCINTIRE	1.00									_
DIRECTOR		Х						0	0	0
(13)JANAN SCOTT	1.00									
DIRECTOR		Х						0	0	0
(14)STACIE MULLER STOTTS	1.00									
DIRECTOR		Х		ļ				0	0	0
										(0047)

Part \	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd F	ligh	est (Comp	ensa	ted Employees (continued)			
					(0	C)							
	(A)	(B)	(40.00	-4 -b -	Pos				(D)	(E)		(F)	
	Name and title	Average	1 '				nan one both an		Reportable	Reportable	E:	stimated	
		hours per					(trustee)		compensation	compensation from	ar	nount of	
		week (list any hours for	익글	<u>=</u>	Õ	ž	ठ ९ म		from the	related organizations	com	other	on
		related	divid	statut	Officer	Key employee	ghes	Former	organization	(W-2/1099-MISC)	1	rom the	
		organizations	of alt	iona		npto	/ee		(W-2/1099-MISC)			ganizatio id relate	
		below dotted line)	Individual trustee or director	nstitutional trus		yee	mpe				1	anızatıo	
			řě	tee			Highest compensated employee						
							&				-		
											ĺ		
(15)JEN	NIFER SHARP	2.00											
	RETARY		Х		X				0	0			0
(16)BRE	NDA SILVEUS	1.00											
	ECTOR		Х						0	0			0
(17)JOH	N FOCKLER	1.00							•				
DIR	ECTOR		Х						0	o			0
(18)DEV	ONNA MCLAUGHLIN	40.00											
	CUTIVE DIRECTOR				Х				77,262	o			0
(19)									-				
(20)													
<u>(21)</u>													
(22)													
(23)													
(24)		L					li				Ì		
			<u> </u>						-				
<u>(25)</u>													
			<u> </u>					_					
	Sub-total				• •	• •	• • •	▶			ļ		
	Total from continuation sheets to Part VII, Section		• • •		• •	• •		▶					
_	Total (add lines 1b and 1c)								77,262	0			0
	Total number of individuals (including but not limited	to those liste	d abov	/e) v	vho i	rece	ived m	ore t	han \$100,000 of				
	reportable compensation from the organization									0		I	- N
	Did the assessment of the second of the seco											Yes	No
	Did the organization list any former officer, director,	•		•	e, o	r nig	nest c	omp	ensated				
	employee on line 1a? If "Yes," complete Schedule J				• •		• • •	• • •			3		Х
	For any individual listed on line 1a, is the sum of rep	•											
	organization and related organizations greater than S				nplet	e So	chedule	e J fo	or such		-		
	Individual · · · · · · · · · · · · · · · · · · ·				٠.,	• •	• • •				4		X
	Did any person listed on line 1a receive or accrue co	•		•			•	ızatıc	on or individual				
	for services rendered to the organization? If "Yes," o	omplete Sch	edule	J for	suc	h pe	erson				5		X
	n B. Independent Contractors												
	Complete this table for your five highest compensate												
	compensation from the organization. Report comper	isation for th	e caler	ndar	yea	r end	ding wi	th or	within the organiz	ation's tax			
	year								<u> </u>				
	(A)								(B)			(C)	
	Name and business address								Description of	services	Comp	ensation	<u> </u>
									 				
									 				
												_	
2	Total number of independent contractors (including b	out not limited	t to the	المورا	ietor	l aha	ייי ופער	ne	<u> </u>				
	received more than \$100,000 of compensation from)S€ ►			2+0; ** !	.5			, +		

		Check if Schedule O contains a response or	note to any line in th	is Part VIII			<u></u> [
		manufactor control of the control of	TO DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PARTY (A) lotal revênue	(D) Related of exempt function revenue	(C) Unrelated business revenue	(D) Hevenue evcluded from tax under sections 512-514	
र र	1a	Federated campaigns · · · · · · 1a	a				
Grants nounts	b	Membership dues · · · · · · · 11	o				
ts, Gr. Amou	С	Fundraising events 10	:				
Gifts Ilar A	d	Related organizations	1				
B,S	е	Government grants (contributions) · · 16					
Contributions, Gif and Other Similar	f	All other contributions, gifts, grants,	320,044				
but	-	and similar amounts not included above	427 220			1.00	150
a di	~	Noncash contributions included in lines 1a-1f \$					
S E	9 h						
	- "	Total. Add lines 1a-11		748,082			PART OF THE PART OF THE
e a	2-		Business Code				
ven	_	CONSTRUCTION INCOME	230000	703,967	703,967		
Re	b						
2 2	C		.	-			
Sei	d						<u> </u>
ram	е			ļ			
Program Service Revenue	f	All other program service revenue · · · · ·			TOTAL MOS. THOUGHT MALES NOW	NOT HER YORK A VIOLENCE MAKE MAKE MAKE	S AND MARKET HARMON STATES AND SECOND
	g	Total. Add lines 2a-2f · · · · · · · · · · ·	• • • • • • • •	703,967	93.0000000		
	3	Investment income (including dividends, interest and other similar amounts)	·				
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	<u></u>	STREET, SO HE SURVEYOR AUTOUS 18	AND MAIN AND AND THE COMMENTAL	THE ALL PROPERTY OF STREET	MARK ALAN MANORON MANAGES SIGNA E ANNO AN
		(ı) Real	(II) Personal				
	6a	Gross rents	8			2015	
	b	Less rental expenses · · · ·					
	C	Rental income or (loss) · · · 325,26	8 '				
	d	Net rental income or (loss) • • • • • • • • • • • • • • • • • •	· · · · · · · •	325,268	325,268		
	7a	Gross amount from sales of (i) Securities	(II) Other		100		
		assets other than inventory	28,600				
	b	Less cost or other basis					
		and sales expenses · · · ·					
	Ċ	Gain or (loss)	28,600				
	d	Net gain or (loss) · · · · · · · · · · · · · · · · · ·	. <u> </u>	28,600	28,600		
g	8a	Gross income from fundraising			No distribution	7 Maria (1803)	
venue		events (not including \$					
&		of contributions reported on line 1c)	,				
Other Re		See Part IV, line 18 a	ı		271		18 194
₹	` b	Less direct expenses · · · · · b)				
		Net income or (loss) from fundraising events		- Land Breakers Control State (SERVICE)		managamanana artik dalam	
		Gross income from gaming activities	1		Table Professor		CUE SINCE
		See Part IV, line 19 · · · · · · · a	. [The state of the s	
	b	Less direct expenses	, -			and the second	
		Net income or (loss) from gaming activities •					C. 4:120 HIRSCHILD AND CL
		Gross sales of inventory, less		CONTRACTOR		TANK PERM	7 7 7 7 7 W
	IVa	returns and allowances · · · · · · · · a	253,199				
	b	Less cost of goods sold · · · · · · · b					
		Net income or (loss) from sales of inventory		253,199	253,199		NAMES OF THE PERSON OF THE PER
'		Miscellaneous Revenue	Business Code	75470370500		TO THE WAY	3.72
ŀ	11a	LOAN FORGIVENESS	900099	460,424	460,424		
	b		7.0000	200,424	200/222		
ļ	C						
	d	All other revenue	-				
		Total. Add lines 11a-11d · · · · · · · · ·		460 424			PORTE TO THE PARTY OF THE
		Total revenue. See instructions		2,519,540		0	V AREA MARIE WAY - FRANCI
		The state of the s		1 2,313,340			

Part X Statement of Functional Expenses

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

Section 501(c)(3) and 501(c)(4) organizations must complete all co-		· · · · · · · · · · · ·		
Do not include amounts reported on lines 6b, 7b,	(A)	' (B)	(C)	. (D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 · · ·	•			and the
2 Grants and other assistance to domestic				######################################
individuals See Part IV, line 22	59,200	. 50 200		
3 Grants and other assistance to foreign	59,200	59,200	54-34-35-35-35-35-35-35-35-35-35-35-35-35-35-	* ************************************
organizations, foreign governments, and foreign	_	'		
individuals See Part IV, lines 15 and 16	`			A #45 2 1 1 85
4 Benefits paid to or for members · · · · · · · · · · · · · · · · · · ·				
5 Compensation of current officers, directors,			A-112-84.0-7-1-1-2-2-3-1-1-3-8-1-1-1-1-4	PART THE THE THE PROPERTY AND A SECOND
trustees, and key employees	77,262	70,495	3,907	2 060
6 Compensation not included above, to disqualified	11,202	70,435	3,907	2,860
persons (as defined under section 4958(f)(1)) and	•			
persons described in section 4958(c)(3)(B)		ı		
7 Other salaries and wages · · · · · · · · · · · · · · · · · · ·	525,115	479,110	26,564	19,441
8 Pension plan accruals and contributions (include	323,113	4/9,110	20,504	13,441
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits · · · · · · · · · · · · · · · · · · ·	93,363	85,123	5,357	2 003
10 Payroll taxes · · · · · · · · · · · · · · · · · · ·				2,883
11 Fees for services (non-employees)	43,512	39,672	2,497	1,343
a Management			-	
b Legal · · · · · · · · · · · · · · · · · · ·	1,659	1 650		
c Accounting		1,659	2 122	1,516
d Lobbying	29,274	25,625	2,133	1,516
e Professional fundraising services See Part IV, line 17				
f Investment management fees	· · · · · · · · · · · · · · · · · · ·		1.1847 D. J. Spiller & T. W. S. W.	
		•		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
•	400	400		4 450
12 Advertising and promotion	6,977	2,014	511	4,452
14 - Information technology · · · · · · · · · · · · · · · · · · ·	86,576	36,088	25,106	25,382
3,				
15 Royalties	225 252	1000 001	,	40
	205,978	1202,391	3,538	49
17 Travel	5,898	5,215	105	578
18 Payments of travel or entertainment expenses			•	,
for any federal, state, or local public officials			• •	
19 Conferences, conventions, and meetings	400 000		·	
• · · · · · · · · · · · · · · · · · · ·	103,286	102,576	710	
21 Payments to affiliates				
Depreciation, depletion, and amortization	163,773	159,007	4,766	•
23 Insurance	32,390	30,293	1,203	894
24 Other expenses - Itemize expenses not covered				
above (List miscellaneous expenses in line 24e If				# 2 ·
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O)		FX ALTONOMIC FOR	78-tspeak.com	25/47 = (3.67
a FUNDRAISING	21,340		143	21,197
b PROGRAM	7,040	7,040		*
c LICENSES AND PERMITS	11,436	11,436	-	
d CONSTRUCTION	593,093	590,028	1,550	1,515
e All other expenses	1,505		1,505	
25 Total functional expenses. Add lines 1 through 24e	2,069,077	1,907,372	79,595	82,110
Joint costs. Complete this line only if the	,			
organization reported in column (B) joint costs from a combined educational campaign and		'		
• fundraising solicitation Check here		, ,	,	
following SOP 98-2 (ASC 958-720) · · · · · · · ·				

Form 990 (2017) **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X · · · ·			<u></u> L
ı	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	123,869	1	139,963
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	78,425	3	111,437
	4	Accounts receivable, net	,	4	
	5	Loans and other receivables from current and former officers, directors,	*****************	373.5 0	
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	**********	The same	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
G	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or		300 L	
		other basis Complete Part VI of Schedule D 10a 5,443,428			
	b.	Less accumulated depreciation · · · · · · · · 10b 1,139,989	3,023,672	10c	4,303,439
	11	Investments - publicly traded securities	,	11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	,	13	1
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets See Part IV, line 11	16,638	15	34,209
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,242,604	. 16	4,589,048
· ·	17	Accounts payable and accrued expenses	106,188	17	162,594
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	,
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,	的學樣。例如其他		Section 1
Liabilities		trustees, key employees, highest compensated employees, and			
jab		disqualified persons Complete Part II of Schedule L	1,500	22	
	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·	2,754,072	23	3,595,147
. [24	Unsecured notes and loans payable to unrelated third parties	-	24	,
	25	Other liabilities (including federal income tax, payables to related third	,		•
		parties, and other liabilities not included on lines 17-24) Complete Part X .			
		of Schedule D, $\ \cdot \ \cdot \ \cdot \ \cdot \ \cdot \ \cdot \ \cdot \ \cdot \ \cdot \ $		25	, ,
	26	Total liabilities. Add lines 17 through 25	2,861,760	26	3,757,741
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔯 and	对理解的证明		
češ		complete lines 27 through 29, and lines 33 and 34.		202	
lan	27	Unrestricted net assets	380,844	27	831,307
Ba	28	Temporarily restricted net assets	•	28	
밀	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here 🕟 🗌 and 🗀	多数的复数形式		
ō		complete lines 30 through 34.		loi-	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds $ \cdot \cdot \cdot \cdot \cdot \cdot \cdot$	•	32	·
_	- 33	Total net assets or fund balances	380,844	33	831,307
	34	Total liabilities and net assets/fund balances	3,242,604	34	4,589,048

		6-073	2457	P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	519,	540_
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	069,	077_
3	Revenue less expenses Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·	3		450,4	463
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		380,	844
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		831,	307
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other		-	-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				ļ <u>,</u> ļ
þ	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		t		[
	separate basis, consolidated basis, or both				}
				,	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		· · 2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			,	.
	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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1	1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	· · · ·	• • 3b	X	
EEA			Forr	n 990 (2017)

EEA

SCHEDULE A

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

2017

(Form 990 or 990-EZ) 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 23 Inspection

Name	lame of the organization Employer identification number									
		G SOLUTIONS OF NORTHERN					86-07324			
Pa	rt,l,	Reason for Public Charit	y Status (All o	rganizations must o	complete	this par	t) See instructio	ns		
The	orga	nization is not a private foundation bec	ause it is (For lines	1 through 12, check onl	y one box))		<u></u>		
1		A church, convention of churches, or	association of chur	ches described in sectio	n 170(b)(1)(A)(i).	<i>(</i>	79		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization oper	ated in conjunction	with a hospital described	d in section	n 170(b)(1)	(A)(iii). Enter the			
		hospital's name, city, and state	·	•		, , , ,				
5		An organization operated for the bene	efit of a college or u	niversity owned or opera	ted by a go	vernmenta	Il unit described in	<u> </u>		
		section 170(b)(1)(A)(iv). (Complete Part II)								
6	П		•	it described in section 1	70(h)(1)(A)/v)				
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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)			on monta	UIII(01 11011	Tare general paene			
8	П	A community trust described in section								
9	ŏ	An agricultural research organization			itad in coni	unction wit	h a land-grant college	2		
Ŭ	ч	or university or a non-land-grant colle						5		
		university	ge of agriculture (3)	ee matructions) Linter th	e name, ch	ly, and state	of the college of			
10	X	An organization that normally receive:	s (1) more than 33	1/3% of its support from	contributio	ne membe	archin face, and arec			
	ΚΣI	receipts from activities related to its e	• •	• •		•	, ,	3		
		support from gross investment incom	•	•						
				•		-	om businesses			
11	П	acquired by the organization after Jun An organization organized and operat				-				
12	H		-	•			carry out the purpose	20		
14	Ш	An organization organized and operat	-	•						
		of one or more publicly supported org						•		
	_	Check the box in lines 12a through 12						-		
	а	Type I. A supporting organization				•		}		
		the supported organization(s) the	· -		ty of the air	ectors or tr	ustees of the			
		supporting organization You must	•	•		4.4				
	b	Type II. A supporting organization				-				
		control or management of the sup		•	rsons that o	control or n	nanage the supported	1		
		organization(s) You must comp	•							
	С	☐ Type III functionally integrated.						٦,		
		its supported organization(s) (see		·						
	d	☐ Type III non-functionally integra	ated. A supporting	organization operated in	connection	n with its su	pported organization	(s)		
		that is not functionally integrated	-	•		•	t and an attentivenes	s		
		requirement (see instructions) Ye								
	е	Check this box if the organization				a Type I, T	ype II, Type III			
		functionally integrated, or Type III	· · · · · · · · · · · · · · · · · · ·	egrated supporting orga	nızatıon					
	f	Enter the number of supported organi			• • • • •	• • • • •				
	g	Provide the following information about	ut the supported org	ganization(s)	1	-				
	(i) Name of supported organization	(ii) EIN	(ill) Type of organization (described on lines 1-10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above (see instructions))	docum		instructions)	instructions)		
						T				
					Yes	No		,		
(A)										
(B)										
										
(C)										
					 -					
(D)						;				
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(E)										
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Schedule A (Form 990 or 990-EZ) 2017

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)

(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.)

<u>Sec</u>	tion A. Public Support				• .		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2 0 17	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	. \	,				4
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	Walter Wal	TO A TOTAL	76777	7/4/17 PM		
	each person (other than a						•
	governmental unit or publicly	ALC: U	18 STATE OF THE ST				
	supported organization) included on `	10.000		(* / / / * * * * * * * * * * * * * * * * * * *			•
	line 1 that exceeds 2% of the amount			XXXXX	10 M		
	shown on line 11, column (f)		35 2 1 1 1 2 2 3	/National		MC-SS No.	<u> </u>
6	Public support. Subtract line 5 from line 4		<u> </u>			74 (10)	٠,٠
	tion B. Total Support		# 1 a a a a f	1 2 2 2 2		· 	
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 20,1/4	(c) 20,15	(d) 2016	(e) 2017	(f) Total .
8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-	·/ .				
	•		/		1	-	·
9 .	Net income from unrelated business activities, whether or not the business is regularly carried on		•	- ,			` .
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		•	,		•	
11 -	Total support. Add lines 7 through 10	1/4	TO THE STATE OF TH	****	to zone de Nobe	1962 J. J. P. W. 19	
12	Gross receipts from related activities, etc. (s	see instructions)	* * * * * * * * * * * * *			12	· · · · · · · · · · · · · · · · · · ·
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first, s		, or fifth tax year as		3)	▶ 🏻
Sec	tion C. Computation of Public Su	ipport Percent	tage *			1	
14	Public support percentage for 201/ (line 6, o	column (f) divided b	y line 11, column (f))		14	%
15	Public support percentage from 2016 Scheo	dule A, Part II, line 1	4	,		15	- %
16a	33 1/3% support test - 2017 If the organization				3% or more, check	this 🔪 .	_
•	box and stop here. The organization qualifie	es as a publicly sup	ported organization	٠		\	▶ 🔲
p.	33 1/3% support test - 2016. If the organize				33 1/3% or more, of	check \	_
	this box and stop here. The organization qu	**					▶ ∐ .
17a	10%-facts-and-circumstances test - 2017	-	•			*	
	10% or more, and if the organization meets		•		•		
•	Part VI how the organization meets the "fact	ts-and-circumstance	es" test The organ	zation qualifies as	a publicly supporte	q ., 🖊	
•	organization	•			• • • • • • • • • • • • • • • • • • • •		▶ ∐
b	10%-facts-and-circumstances test - 2016					, \	\· . `
	15 is 10% or more, and if the organization m	•			•		\
	Explain in Part VI how the organization mee	ts the "facts-and-cir	cumstances" test	The organization q	ualifies as a publicl	у —	
	supported organization	• • • • • • • • •				· · · · · · <u>·</u> · · ·	· · :\
18	Private foundation. If the organization did r				-		\
<u>··</u>	Instructions	· · · · · · · · · · · · · · · · · · ·		• • • • • • • •			· · · · · \
EE 4	•						

Schedule A (Form 990 or 990-EZ) 2017 HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC. 86-0732457

Part III:

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.)

ction A. Public Support						
endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1.436.369	1.116.609	929.821	1.165.941	748.082	5,396,822
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				2,200,022		
Gross receipts from activities that are not an unrelated trade or business under section 513	•	- 1				
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			•			
The value of services or facilities furnished by a governmental unit to the organization without charge	,	•			ı	
Total Add lines 1 through 5 · · · · · ·	1,436,369	1,116,609	929,821	1,165,941	748,082	5,396,822
Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·						
Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					-	
Add lines 7a and 7b · · · · · · · · · · · ·	-					
Public support. (Subtract line 7c from line 6)					超過其	5,396,822
····					· · · · · · · · · · · · · · · · · · ·	
			(c) 2015	(d) 2016	(e) 2017	(f) Total
Amounts from line 6 · · · · · · · · · · · · · · · · · ·	1,436,369	1,116,609	929,821	1,165,941	748,082	5,396,822
Gross income from interest, dividends, 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 in 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	176 225	. 200 507	,	447 226	722 567	2 020 713
Total support. (Add lines 9, 10c, 11,	1/0,333	308,387	303,988	447,236	/32,36/	2,028,713
and 12) • • • • • • • • • • • • • •	1,612,704	1,425,196	1,293,809	1,613,177	1,480,649	7,425,535
organization, check this box and stop here			-		•	▶ □
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·			and line 15 is as as	then 22 1/00/		<u> </u>
						▶ 🏻
line 18 is not more than 33 1/3%, check this b	oox and stop here.	The organization q	ualifies as a public	ly supported organ		▶ □
Private foundation. If the organization did no	ot check a box on li	ne 14, 19a, or 19b,	check this box and	see instructions		
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Cross income from interest, dividends, 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 in 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 five years. If the Form 990 is for the organization, check this box and stop here Ction C. Computation of Public Support percentage from 2016 Schedution D. Computation of Investme Investment income percentage from 2016 Schedution D. Computation of Investme Investment income percentage from 2016 Schedution D. Computation of Investme Investment income percentage from 2016 Schedution D. Computation of Investme Investment income percentage from 2016 Schedution D. Computation of Investme Investment income percentage from 2016 Schedution D. Computation of Investme	andar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities, furnished in any activity that is related to the organization's tax-exempl purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge That I Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Public support. (Subtract line 7c from line 6) Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses activities not included in 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) Total support tests - 2017 (line 8, column (f) divided by Public support percentage from 2016 Schedule A, Part III, line 12 tion D. Computation of Investment Income Per Investment income percentage from 2016 Schedule A, Part III, line 13 1/3% support tests - 2016. If the organization did not check line 18 is not more than 33 1/3%, check this box and stop here. The support percentage from 2016 Schedule A, Part III, line 13 13 1/3% support tests - 2016. If the organization did not check line 18 is not more than 33 1/3%, check this box and stop here.	Galts, grants, contributions, and membership fless received (Do not include any "unusual grants") Galts, grants, contributions, and membership fless received (Do not include any "unusual grants") Gross receipts from admissions, merchandies sold or services performed, or facilities. It immished in any activity that is related to the organization's tax-exempt purpose. Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total Add lines 1 through 5. Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b. Public support. (Subtract line 7c from lines 6). Cition B. Total Support and year (or fiscal year beginning in) Amounts from line 6. Characteristics and income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section \$11 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income From unrelated business activities not included in 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 five years. If the Form 990 is for the organization's first, second, third, fourth, organization, check this box and stop here. Public support percentage from 2016 Schedule A, Part III, line 15 Cition D. Computation of Investment Income Percentage. Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f) investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f) investment income percentage for 2017 (line 10c, column (f) divi	andar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any nursusal grants in grants proceed (Do not include any nursusal grants in grants proceed (Do not include any nursusal grants in grants proceed (Do not include any nursusal grants in grants and grants and grants). The grants	and ar year (or fiscal year beginning in) Gits, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandes sold or services performed, or facilities sold or services performed to the organization without charge and the organization without charge and the organization without charge and severed from disqualified persons have been deep greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7 and 7 b. Public support, (Subfract line 7c from line 6) Line 31 - Line 32 - Line 32 - Line 32 - Line 32 - Line 32 - Line 33 - Line 34 - Line 3	andar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (difts, grants, contributions, and methopship fees received (Die not include any functional grants) Cross receives from activities on the contribution of

Rart IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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 (b) and (c) below.
- 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
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in 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 in 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.)

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D	I he organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see	nstru	ctio
2	Activities Test. Answer (a) and (b) below.		Yes	N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	l		
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	control() in the second	44441111111111111	Hoto id
	reasons for the organization's position that its supported organization(s) would have engaged in these	v		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_ :	4.7	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	***************************************	

Schedule A	(Form	gan or	990-E71	2017
Scriedule A	TOMI	990 01	33U-EZ I	2017

HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC.

86-0732457

Page 6

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Control of the	gani	zations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov 20, 1970 (expla	ın ın Part VI) See				
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E							
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year				
	tion A - Adjusted Net Income		(A) Phor tear	(optional)				
<u>1</u>	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						
	Portion of operating expenses paid or incurred for production or			,-				
со	llection of gross income or for management, conservation, or							
ma	aintenance of property held for production of income (see instructions)	·6						
_7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		'				
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see	100		ASSESS OF THE PARTY				
	structions for short tax year or assets held for part of year)			and the analogo for the second				
	Average monthly value of securities	1a	- CONTRACTOR CONTRACTOR AND AND AND AND AND AND AND AND AND AND					
	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c	<u> </u>					
	Total (add lines 1a, 1b, and 1c)	1d						
	Discount claimed for blockage or other	1		ACART STREET				
	ctors (explain in detail in Part VI)							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
se	e instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	tion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year `	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	+						
-	nergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionally	-inte	grated Type III supporting	organization (see				
	instructions)		4	, ,				

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	,
Sec	ction D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform-activity that directly furthers exempt		-	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	tions		
4	Amounts paid to acquire exempt-use assets	·		
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI) See instructions	W		
	Total annual distributions. Add lines 1 through 6			_
8	Distributions to attentive supported organizations to which the	e organization is respon	sive	
	(provide details in Part VI). See instructions.	·		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·	/···	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<u>1</u>	Distributable amount for 2017 from Section C, line 6	STEER HER TO BE THE	はなる。海外の内側	
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI) See			
	instructions.		COAL N. CO. C. D. CORON OF LTV. BOOK CO. C.	
<u>a</u>			B / Manufall College College Bridge Service VIII	
	From 2013	SECTION AND SECTION OF SECTION		
	From 2014	THE VALUE OF SAME OF S		
	From 2015			
	Total of lines 3a through e	22.692.416.63.4018.452.45.7		
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount		HARMAN AND AND AND AND AND AND AND AND AND A	
 -	Carryover from 2012 not applied (see instructions)		SAME THE RESIDENCE	
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f	A STATE OF THE STA		
4	Distributions for 2017 from			2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
	Section D, line 7 \$			
	Applied to underdistributions of prior years		ACTIVITIES SOLD AND CONTRACT TO A REAL PROPERTY.	
	Applied to 2017 distributable amount			Traditional and the state of th
	Remainder. Subtract lines 4a and 4b from 4.	COLEY TESTINAL SECTIONS, SV-18-8477-0		
5	Remaining underdistributions for years prior to 2017, if	44.34	20 Jan Chellorie Cautharitis - 34 Mortanie 1888 - 1889 Z	STANDARD CONTRACT
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h			211-11-11-11-11-11-11-11-11-11-11-11-11-
•	and 4b from line 1 For result greater than zero, explain in			
_	Part VI See instructions			•
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			CONTRACTOR OF THE CONTRACTOR O
	Excess from 2015		第15年的	
<u>d</u>	Excess from 2016			
_	Evanos from 0017	ELECTROPHER CONTRACTOR STREET	PROVING AND ADDRESS OF A STORY AND A STORY	DESCRIPTION OF THE PROPERTY OF

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

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.

OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	or the digalization	Employer identification number
	JSING SOLUTIONS OF NORTHERN ARIZONA, INC.	86-0732457
Pa		nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year · · · · · · · · · · · · · · · · · · ·	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
		· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Pa	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat	toric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervation
	easement on the last day of the tax year	. Held at the End of the Tax Year
а	Total number of conservation easements	2a
þ	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year
	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f)	
_	and section 170(h)(4)(B)(ii)?	· · · · · · · · · L Yes L No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d	describes the
D	organization's accounting for conservation easements	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	· .
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro-	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · ▶ \$
b	Assets included in Form 990, Part X	▶ \$

	ule D (Form 990) 2017 HOUSING SOLUTIO	ONS OF NORTHE	RN ARIZONA,	INC.	041-	86-073		
·	rtillia Organizations Maintaining C						ssets (continuea)	
3	The organization adjustically about the restriction and the restri							
	collection items (check all that apply)							
a	Public exhibition d Loan or exchange programs							
b	Scholarly research	e 📙 Othe	er					
С	Preservation for future generations	4						
4	Provide a description of the organization's collect	tions and explain how	v they further the o	organization's e	exempt pu	rpose in Part		
	XIII							
5	During the year, did the organization solicit or re-							
G= -	assets to be sold to raise funds rather than to be		of the organization	's collection?			· · · 📙 Yes 📙 No	
Rai	RartilVi Escrow and Custodial Arrangements.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form							
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodian of							
					• • • • •		· , · 📙 Yes 🗌 No	
b	If "Yes," explain the arrangement in Part XIII and	complete the follows	ng table					
						A	mount	
C	20gg Datao	· · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			
d								
е	3 ,				<u> </u>			
f	Ending balance							
2a	Did the organization include an amount on Form				•		· · · · ∐ Yes ☐ No	
		eck here if the explar	ation has been pr	ovided on Part	XIII		· · · · · · · ·	
<u>[Fai</u>	TiVi Endowment Funds.		- F 000 D		•			
	Complete if the organization ar			art IV, line I	0.			
_		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three years bac	k (e) Four years back	
1a	Beginning of year balance	29,124						
D	Contributions	2,631	27,326	5				
С	Net investment earnings, gains, and							
_	losses	2,666	2,133	3				
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses	689	335					
g	End of year balance	33,732	29,124					
2	Provide the estimated percentage of the current		e 1g, column (a))	held as				
а	Board designated or quasi-endowment	%						
b	Permanent endowment • %							
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should	•						
3a	Are there endowment funds not in the possession	n of the organization	that are held and	administered fo	or the			
	organization by						Yes No	
	(i) unrelated organizations · · · · · · ·				• • • • •		3a(i)	
	(ii) related organizations	• • • • • • • • • •		• • • • • • •	• • • • •		· 3a(ii)	
b	If "Yes" on 3a(II), are the related organizations lis	•		• • • • • •			· 3b	
4	Describe in Part XIII the intended uses of the org		ent funds					
Rai	tiVII Land, Buildings, and Equipm							
	Complete if the organization ar	iswered "Yes" or	1 Form 990, Pa	art IV, line 1	1a See	Form 990, F	art X, line 10.	
	Description of property	(a) Cost or other		st or other basis	1	Accumulated	(d) Book value	
		(investme	nt)	(other)	<u> </u>	preciation	····	
1a	Land		7,299		Sugar Spanish	Jan . di	1,057,299	
b	Buildings	4,05	5,044			989,139	3,065,905	
C	Leasehold improvements	22	4,781		ļ	67,445	157,336	
d	Equipment	10	6,304		<u> </u>	83,405	22,899	
e	Other	· ·						
Total	. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X,	column (B), line 10	Oc)		▶	4,303,439	

Schedule D (Form	1 990) 2017 HOUSING SOLUTI	ONS OF NORTHERN ARI	ZONA, INC. 86-07	32457 Page 3
Rart VII	Investments - Other Securities.			
	Complete if the organization answere	ed "Yes" on Form 990, P	art IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
(1) Einancial	(including name of security)		Cost or end-of-year market	value .
	eld equity interests		 	
(3) Other ·	eld equity interests	- -	•	
(A)		<u> </u>		
(B)				
(C)	· · · · ·			<u> </u>
·(D)			•	
(E)	•			*
(F)	•	.4		
(G) -				. ,
(H)′ ·			4	* .
	must equal Form 990, Part X, col (B) line 12)		MATERIAL SERVICE SERVI	MAN THE RESERVE OF THE PARTY OF
Part VIII	Investments - Program Related. Complete if the organization answere	ed "Yes" on Form 990, P	art IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	. (c) Method of valuate	on
		*	. Cost or end-of-year market	
·(1)		<u>'</u>	•	·
(2),′	•	<u> </u>		
_(3)				•
(4)				•
(5)		• •		
(6) (7)				
(7)		<u> </u>	•	:
(8)			- L	
) must equal Form 990, Part X, col (B) line 13)	·		Carrathan and a
Rart IX		ed "Yes" on Form 990, P	art IV, line 11d See Form 990	Part X, line 15.
	CURRENT ASSETS	<u> </u>		4,470
	RUCTION IN PROGRESS	· · · · · · · · · · · · · · · · · · ·		29,739
(3)				
(4)		•		
(5)		· · · · · · · · · · · · · · · · · · ·		• •
<u>(6)</u>		<u> </u>	•	.=
(7) (8) ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	•
(9)			•	
	Other Liabilities.	· · ·		34,209
	Complete if the organization answere line 25.	ed tes on Form 990, P	artiv, interite of TIT. See For	in 990, Pan X,
1.	(a) Description of liability	(b) Book value		
	income taxes			
_ (2)				
(3)	· · · · · · · · · · · · · · · · · · ·	, •		
_(4)	·	•		
(5)				
(6)		· -		
(8)				
(9) -				
	must equal Form 990, Part X, col (B) line 25)			NAME OF THE PARTY
	uncertain tax positions In Part XIII, provide the tex			_
organization's	liability for uncertain tax positions under FIN 48 (AS	SC 740) Check here if the text	of the footnote has been provided in Pa	art XIII- • • • • • L

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,540,180
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	***	
а	Net unrealized gains (losses) on investments	7 To 5	
b	Donated services and use of facilities	32.5	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	20,640
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	2,519,540
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	Widd.	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,519,540
ĮРа	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	2,089,717
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		· ·
а	Donated services and use of facilities	700	
b	Prior year adjustments		
C	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIII)	(1978) # (5)	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	20,640
3	Subtract line 2e from line 1	3	2,069,077
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1 1 1 1 1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIII)	- 2	
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	0 000 000
			2,069,077
17 14 11	Supplemental Information.		2,069,077
Prov	IT XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Pa		2,069,077
Prov	Supplemental Information.		2,069,077
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Prov	Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		2,069,077
Prov	Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		2,069,077
Prov	Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		2,069,077
Prov	Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		2,069,077
Prov	Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		2,069,077
Prov	Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		2,069,077
Prov	Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		2,069,077

Continued to the continued and a continued to the conti	SCHEDULE I (Form 990)	15 300 Somple	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	Assistance to ndividuals in swered "Yes" on For	Organization the United Sta m 990, Part IV, line 21	S, tes or 22.		OMB No 1545-0047
toots are source so or normalization on Granis and Assistance Part I. General Information control to absolute the mount of the grant or assistance, and The selection criter used to ward the grants or assistance, and The selection criter used to ward the grants or assistance, and The selection criter used to ward the grants or assistance, the grantees flightly for the grants or assistance, and The selection criter used to ward the grants or assistance to more than the control or plants and for the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants are the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control or plants and the control o	Department of the Treasury Internal Revenue Service		► Go to www.irs.g	Attach to Form 990. ov/Form990 for the la	test information.		⊃ *``	pen to Public
Part I General Information on Grants and Assistance Part I General Information on Grants and Assistance Part I Core the organization manual reconstruction to advance to a selection that the organization in the organization organization in the organization organization in the organization in the organization organization in the organization organization in the organization organization organization in the organization organiz	LIONS						Employer identification 86-0732457	number
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Part II Grants and Cardra Section Street Section St	1	maintain records to substantiate the amo	unt of the grants or assist	ance, the grantees' eli	gibility for the grants or			
Can Section Can Section Can Section Can Can Section Can	a di	sed to award fire grants of assistance? corganization's procedures for monitoring	the use of grant funds in	the United States	•		•	∑ res
(a) Num and address of organization (b) EIN (c) INC section (d) Amount of cash (d) Amount of the Amount		Other Assistance to Domestic Or, line 21, for any recipient that received	rganizations and Dorved more than \$5,000	mestic Governmer Part II can be dup	nts. Complete if the licated if additional s	organization answered pace is needed	d "Yes" on Form	
(1) (2) (3) (4) (6) (6) (9) (9) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6 Enter total number of section 501(c)(3) and government organizations listed in the list 1 table 1			(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(3) (4) (6) (6) (7) (9) 2 Enter total number of section 501(c)(2) and government organizations isted in the line 1 table 2 Enter total number of section 501(c)(2) and government organizations isted in the line 1 table 2 Enter total number of section 501(c)(2) and government organizations is the line 1 table 2 February Reduction Act Notice, see the instructions for Form 990.	(1)							
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(3) (9) (10) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(9)							
(9) (10) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(2)							
(10) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(6)				1			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(10)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	2 6	section 501(c)(3) and government organizations listed in the line 1 table	ations listed in the line 1 t				A A	
	For Paperwork Reduction A	Act Notice, see the Instructions for For					S	Schedule I (Form 990) (2017)

Page 2

Schedule I (Form 990) (2017) HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC.

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
| Part III | Crants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
| Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part

	3		7		
(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
1 CASH	ī	59,200		FMV	
2					
3					
4					
5					i
9					
2					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, colum	n (b); and any other adc	ditional information.
	•				
				:	
EEA					Schedule I (Form 990) (2017)

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public Inspection

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.

HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC.

Employer identification number

86-0732457

Га	iti Types of Property							
		(a)	(b)	(c) Noncash contribution	1	(d)		
		Check if	Number of contributions or	amounts reported on	Method of	detern	nınıng	
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contr	ribution	amou	unts
1	Art - Works of art · · · · · · ·				_			
2	Art - Historical treasures · · · ·							
3	Art - Fractional interests · · · ·							
4	Books and publications · · · · ·							
5	Clothing and household		5. ,		1			
	goods · · · · · · · · · · · · · · · · · · ·	х		6,682	FMV			
6	Cars and other vehicles · · · ·							
7	Boats and planes · · · · · · · ·							
8	Intellectual property · · · · · ·							
9	Securities - Publicly traded · · · ·							
10	Securities - Closely held stock · ·							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation	,						
	contribution - Other · · · · · ·							
15	Real estate - Residential	х	1	37,500	FMV			
16	Real estate - Commercial · · · ·							
17	Real estate - Other			-				
18	Collectibles							
19	Food inventory					-		
20	Drugs and medical supplies · · ·							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()	-						
26	Other ►()	ļ						
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received by	the erganizati	on during the tax year for cont	ributions for	 			
23	which the organization completed F	-	* *		29			
	which the organization completed is	Jiiii 0205, i ai	(1V, Donee Acknowledgement		25		Yes	No
30a	During the year did the ergonization		antribution only proporty records	ad in Dort Llings 1 through			105	NO
Sua	During the year, did the organization	-					``	
	28, that it must hold for at least three	-		·				
	to be used for exempt purposes for		ling period?	• • • • • • • • • • • • • • • • • • • •		30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift ac							
						31		X
32a	Does the organization hire or use th	-						
		• • • • • • •	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	• • • • • • • •	32a		X
b	If "Yes," describe in Part II						·	
33	If the organization didn't report an ai	mount in colun	nn (c) for a type of property for	which column (a) is checked,				
	describe in Part II					ı l		ı '

•• **SCHEDULE O**(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC. 86-0732457 01. Form 990 governing body review (Part VI, line 11) THE 990 WAS PREPARED BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S INDEPENDENT AUDITOR. OUR THIRD-PARTY, PROFESSIONAL ACCOUNTANT PREPARES THE 990, WHICH IS REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR, FINANCE COMMITTEE (A SUB-COMMITTEE OF THE BOARD OF DIRECTORS) AND THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR 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 THE 990 IS BASED ON THE AUDITED FINANCIALS WHICH ARE REVIEWED BY THE BOARD OF DIRECTORS. 02. Conflict of interest policy compliance (Part VI, line 12c) POTENTIAL CONFLICTS ARE DISCUSSED BY THE BOARD OF DIRECTORS; A BOARD MEMBER WOULD REMOVE THEMSELVES FROM THE CONVERSATION AND VOTE IF A POTENTIAL CONFLICT OF INTEREST EXISTS POTENTIAL CONFLICTS ARE ALSO REPORTEED TO THE EXECUTIVE DIRECTOR, WHO CONSULTS WITH THE VOLUNTEER BOARD OF DIRECTORS ON THESE ISSUES TO DETERMINE A RESOLUTION 03. CEO, executive director, top management comp (Part VI, line 15a) ANNUALLY, THE BOARD OF DIRECTPRS REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE BASED ON PREDETERMINED GOALS AND BENCHMARKS A COMMITTEE OF THE BOARD IS CREATED TO REVIEW THE EXECUTIVE DIRECTOR'S PERFORMANCE AND A RECOMMENDATION REGARDING CONTINUED EMPOYMENT, RAISES, 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 EXECUTIVE DIRECTOR

Scriedule O (Form 990 or 990-EZ) (2017)	Page 2							
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								
EXECUTIVE DIRECTOR. THIS COMMITTEE MEETS WITH THE EXECUTIVE DIRECTOR 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 EXECUTIVE DIRECTOR AND ANY SALARY OR								
COMPENSATION CHANGES THE EXECUTIVE DIRECTOR MEETS WITH ALL EMPLOYEES ANNUALLY 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. ARIZONA, 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 DOCUMENTS TO ANY								
INDIVIDUAL WHO WOULD LIKE TO REVIEW THEM, UPON REQUEST. THEY ARE ALSO AVAILABLE ON THE								
ORGANIZATIONS WEBSITE.								
06. List of other expenses (Part IX, line 24e)								
THE COMPANY SUBSIDIARY PERFORMS CONSTRUCTION SERVICES FOR LOW INCOME RENTAL AND OWNERSHIP								
HOMES.								
·								