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Form 990

Return of Organization Exempt From Income Tax

2011

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
 C Name of organization
YES HOUSING INC
 D Employer identification number
85-0388252
 E Telephone number
(505) 254-1373
 F Gross receipts \$ 5,782,280

Address change
 G Name change
Doing Business As
 H Initial return
Number and street (or P O box if mail is not delivered to street address) 104 ROMA NW
 I Terminated
 J Amended return
City or town, state or country, and ZIP + 4 ALBUQUERQUE, NM 87102
 K Application pending

F Name and address of principal officer
AUGUSTINE C BACA
104 ROMA NW
ALBUQUERQUE, NM 87102

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► WWW YESHOUSING.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1990

M State of legal domicile NM

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO BUILD AND REVITALIZE COMMUNITIES WITH QUALITY, AFFORDABLE HOUSING, ACCESSIBLE SOCIAL SERVICES, AND A DEDICATION TO BEING POSITIVE AGENTS FOR CHANGE WITHIN THE COMMUNITY CO-DEVELOPED THE NEW CONSTRUCTION OF A 36 UNIT APARTMENT COMPLEX IN SAN ELIZIRO, TX FOR HOUSING AND ECONOMIC RURAL OPPORTUNITY, INC, ANOTHER NM NONPROFIT ACQUIRED, REHABBED, AND SOLD 8 SINGLE FAMILY HOUSES AND A 22 UNIT APARTMENT COMPLEX UNDER THE NEIGHBORHOOD STABILIZATION PROGRAM ALSO AWARDED A \$556,678 TAX CREDIT RESERVATION FROM THE STATE HOUSING AUTHORITY (MFA) TO ACQUIRE AND REHAB A 48 UNIT APARTMENT COMPLEX IN DEMING, NM, TO BE OWNED AND OPERATED UNDER A LIMITED PARTNERSHIP ALSO AWARDED A \$513,707 TAX CREDIT RESERVATION FROM THE NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) TO ACQUIRE AND REHAB A 36 UNIT APARTMENT COMPLEX IN LOS ALAMOS, NM, TO BE OWNED AND OPERATED UNDER A LIMITED PARTNERSHIP

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	6
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	15
6 Total number of volunteers (estimate if necessary)	6	6
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

8 Contributions and grants (Part VIII, line 1h)	2,203,011	2,268,283
9 Program service revenue (Part VIII, line 2g)	1,285,057	2,779,383
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	268,108	85,761
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,756,176	5,133,427

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,000	9,534
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,613,806	1,666,855
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,659,297	3,332,165
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,281,103	5,008,554
19 Revenue less expenses Subtract line 18 from line 12	475,073	124,873

20 Total assets (Part X, line 16)	26,448,644	26,274,180
21 Total liabilities (Part X, line 26)	9,487,872	9,373,051
22 Net assets or fund balances Subtract line 21 from line 20	16,960,772	16,901,129

Part II Signature Block

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

Sign Here	***** Signature of officer AUGUSTINE C BACA CEO Type or print name and title	2012-11-14 Date
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Paid Preparer's Use Only	Preparer's signature ► STEPHEN E LIVINGSTON CPA	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00317845
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► CLIFTONLARSONALLEN LLP 500 MARQUETTE NW SUITE 800 ALBUQUERQUE, NM 87102			EIN ► 41-0746749
				Phone no ► (505) 842-8290

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ✓**1** Briefly describe the organization's mission

TO BUILD AND REVITALIZE COMMUNITIES WITH QUALITY, AFFORDABLE HOUSING, ACCESSIBLE SOCIAL SERVICES, AND A DEDICATION TO BEING POSITIVE AGENTS FOR CHANGE WITHIN THE COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 1,559,668 including grants of \$) (Revenue \$ 1,018,514)
OWNERSHIP AND RENTAL OF AFFORDABLE HOUSING PROVIDED SAFE, DECENT AND AFFORDABLE HOUSING TO APPROXIMATELY 1,778 FAMILIES AND INDIVIDUALS	
4b	(Code) (Expenses \$ 686,240 including grants of \$) (Revenue \$ 1,458,509)
DEVELOPMENT OF AFFORDABLE HOUSING DEVELOPED A 48 UNIT ACQN/REHAB TAX CREDIT RURAL DEVELOPMENT PROJECT IN DEMING, NEW MEXICO	
4c	(Code) (Expenses \$ 1,646,088 including grants of \$) (Revenue \$ 114,978)
NSP 1 & 2 PROGRAMS - SINGLE FAMILY HOUSING AQUISITION/REHAB/RESALE ACQUIRED 11 ADDITIONAL HOUSES, REHABILITATED AND SOLD 13 HOUSES	
	(Code) (Expenses \$ 209,006 including grants of \$) (Revenue \$ 187,382)
COMMERCIAL LEASE DEVELOPMENTS FOR OTHER NON PROFITS - OFFICE BUILDING & CHARTER SCHOOL	
4d Other program services (Describe in Schedule O)	(Expenses \$ 209,006 including grants of \$) (Revenue \$ 187,382)
4e Total program service expenses \$ 4,101,002	

Part IV Checklist of Required Schedules

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

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)? 2

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

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

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

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 6

7 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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8

9 Did the organization report an amount in Part X, line 21, 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

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10

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

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11a

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e

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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 12a

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 12b

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13

14a Did the organization maintain an office, employees, or agents outside of the United States? 14a

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I. 14b

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV. 15

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV. 16

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 17

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 18

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

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H. 20a

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements. 20b

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c	Yes	
11d	Yes	
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	Yes	
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	34	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35b		No
b	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	36		No
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	37		No
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	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O			

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	36
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	15
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	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?	6a	No
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).	7a	No
a	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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	11a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
11	Section 501(c)(12) organizations. Enter	12a	
a	Gross income from members or shareholders	12b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13a	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13c	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	14a	No
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	14b	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the aggregate amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

1b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 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

	Yes	No
1a		6
1b		4
2		No
3		No
4		No
5		No
6		No
7a		No
7b		No
8a	Yes	
8b	Yes	
9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review the Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

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 with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a	Yes	
16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed NM

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request

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. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

CLYDE SKINNER
104 ROMA NW
ALBUQUERQUE, NM 87102
(505) 923-9604

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

Check if Schedule O contains a response to any question in this Part VI

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, and **current** key employees 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, or 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

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

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

Part VII: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A)	Name and business address	(B)	Description of services	(C)	Compensation
CHRIS VIGIL CONSTRUCTION INC	4121 ELLISON NE			SINGLE FAMILY CONSTRUCTION SERVICES	357,602
ALBUQUERQUE, NM	87109				
BEFORE DAYLIGHT ELECTRIC & CONSTRUCTION	PO BOX 12725			SINGLE FAMILY CONSTRUCTION SERVICES	209,901
ALBUQUERQUE, NM	87195				
PAVILION CONSTRUCTION LLC	6720 SW MACADAM AVE 310			MULTI-FAMILY CONSTRUCTION SERVICES	205,014
PORTLAND, OR	97219				
DEKKERPERICHSABATINI LTD	7601 JEFFERSON NE SUITE 100			ARCHITECTURAL SERVICES	103,403
ALBUQUERQUE, NM	87109				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. **4**

Part VIII Statement of Revenue

Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, grants, and other similar amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	1,445,855			
f All other contributions, gifts, grants, and similar amounts not included above	1f	822,428			
g Noncash contributions included in lines 1a-1f \$ _____					
h Total. Add lines 1a-1f		2,268,283			
Program Service Revenue		Business Code			
2a DEVELOPMENT FEES		900099	1,490,954	1,490,954	
b RENT		532000	687,900	687,900	
c RENT RELATED INCOME		532000	517,996	517,996	
d CONSTRUCTION MANAGEMEN		900099	82,533	82,533	
e					
f All other program service revenue					
g Total. Add lines 2a-2f		2,779,383			
3 Investment income (including dividends, interest and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds			145,600		145,600
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	589,014				
c Gain or (loss)	648,853				
d Net gain or (loss)	-59,839		-59,839		-59,839
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
b Less direct expenses	a				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19					
b Less direct expenses	a				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances					
b Less cost of goods sold	a				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See Instructions		5,133,427	2,779,383	0	85,763

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	9,534	9,534		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	551,314	237,492	313,822	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	630,685	515,333	115,352	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	138,762	78,309	60,453	
9 Other employee benefits	242,490	136,847	105,643	
10 Payroll taxes	103,604	71,362	32,242	
11 Fees for services (non-employees)				
a Management	46,913	46,913		
b Legal	6,952	1,645	5,307	
c Accounting	1,802	427	1,375	
d Lobbying	12,238	2,897	9,341	
e Professional fundraising See Part IV, line 17				
f Investment management fees	22,727	5,379	17,348	
g Other	33,995	8,046	25,949	
12 Advertising and promotion				
13 Office expenses				
14 Information technology	40,177	9,510	30,667	
15 Royalties				
16 Occupancy	270,552	231,590	38,962	
17 Travel	31,275	30,838	437	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	469,591	461,835	7,756	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	415,238	369,867	45,371	
23 Insurance	54,692	35,073	19,619	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PREDEVELOPMENT COSTS	1,535,215	1,535,215		
b OTHER EXPENSES	204,792	158,907	45,885	
c REPAIRS & MAINTENANCE	94,117	86,406	7,711	
d TRAINING	42,329	38,486	3,843	
e				
f All other expenses	49,560	29,091	20,469	
25 Total functional expenses. Add lines 1 through 24f	5,008,554	4,101,002	907,552	0
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	75,725	1 165,871
	2 Savings and temporary cash investments	1,778,074	2 1,286,439
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	63,915	4 195,602
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	3,608,111	7 3,508,906
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	19,039	9 25,344
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	12,204,284
	b Less accumulated depreciation	10b	2,736,297
		9,742,204	10c 9,467,987
	11 Investments—publicly traded securities	3,414,915	11 3,061,647
	12 Investments—other securities See Part IV, line 11	12	
	13 Investments—program-related See Part IV, line 11	4,759,694	13 5,561,768
	14 Intangible assets	53,103	14 65,752
	15 Other assets See Part IV, line 11	2,933,864	15 2,934,864
	16 Total assets. Add lines 1 through 15 (must equal line 34)	26,448,644	16 26,274,180
Liabilities	17 Accounts payable and accrued expenses	710,569	17 542,017
	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	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	5,818,969	23 5,865,072
	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	2,958,334	25 2,965,962
	26 Total liabilities. Add lines 17 through 25	9,487,872	26 9,373,051
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	16,960,772	27 16,901,129
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	16,960,772	33 16,901,129
	34 Total liabilities and net assets/fund balances	26,448,644	34 26,274,180

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,133,427
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,008,554
3	Revenue less expenses Subtract line 2 from line 1	3	124,873
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,960,772
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-184,516
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16,901,129

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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? <input type="checkbox"/>	3a	Yes
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/>	3b	Yes

SCHEDULE A
(Form 990 or
990EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2011**Open to Public
Inspection**Name of the organization
YES HOUSING INC**Employer identification number**

85-0388252

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of support?
			Yes	No			
Total							

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	635,021	616,442	614,300	2,203,011	2,268,283	6,337,057
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	635,021	616,442	614,300	2,203,011	2,268,283	6,337,057
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						6,337,057

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	635,021	616,442	614,300	2,203,011	2,268,283	6,337,057
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	668,363	288,608	244,624	214,057	145,600	1,561,252
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	17,382	5,858				23,240
11 Total support (Add lines 7 through 10)						7,921,549
12 Gross receipts from related activities, etc (See instructions)				12		8,091,568

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	80 000 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	71 420 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization 		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2010 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2011****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

Name of the organization

YES HOUSING INC

Employer identification number

85-0388252

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in 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, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i) unrelated organizations		
3a(ii) related organizations		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,339,298			2,339,298
b Buildings		5,171,442	2,161,675		3,009,767
c Leasehold improvements		3,911,951	273,629		3,638,322
d Equipment		781,593	300,993		480,600
e Other					
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					9,467,987

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN BRENTWOOD GARDENS APTS, LP	773,589	C
(2) INVESTMENT IN MONTANA MEADOWS APTS, LP	436,068	C
(3) INVESTMENT IN WILDEWOOD APTS, LP	251,030	C
(4) INVESTMENT IN APPLE RIDGE APTS, LP	29,528	C
(5) INVESTMENT IN ROSWELL SUMMIT APTS, LP	50	C
(6) DEVELOPMENT FEES RECEIVABLE	3,202,293	C
(7) PREDEVELOPMENT CAPITALIZED COSTS	183,333	C
(8) WORK IN PROCESS	685,777	C
(9) INVESTMENT IN YES DEMING MOUNTAIN VIEW APTS, LP	100	C
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ►	5,561,768	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) YES-AZ INTERCOMPANY	2,934,864
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ►	2,934,864

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
SECURITY DEPOSITS/PREPAID RENT	29,918
INVESTMENT IN BELLA VISTA TOWNHOMES, LP	96
INVESTMENT IN OTERO VILLAGE, LP	1,084
YES-AZ INTERCOMPANY	2,934,864
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ►	2,965,962

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1
2 Total expenses (Form 990, Part IX, column (A), line 25)	2
3 Excess or (deficit) for the year Subtract line 2 from line 1	3
4 Net unrealized gains (losses) on investments	4
5 Donated services and use of facilities	5
6 Investment expenses	6
7 Prior period adjustments	7
8 Other (Describe in Part XIV)	8
9 Total adjustments (net) Add lines 4 - 8	9
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	2a
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b
c Add lines 4a and 4b	4c
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
		PAGE 3, PART X, LINE 2 THE INCOME TAX STATUS FOOTNOTE CONTAINS A STATEMENT THAT THE ORGANIZATION QUALIFIED AS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) THERE WERE NO FIN 48 ACCRUALS REQUIRED FOR ANY UNCERTAIN TAX POSITIONS

Additional Data

Software ID:
Software Version:
EIN: 85-0388252
Name: YES HOUSING INC

Form 990, Schedule D, Part VIII - Investments— Program Related

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN BRENTWOOD GARDENS APTS, LP	773,589	C
INVESTMENT IN MONTANA MEADOWS APTS, LP	436,068	C
INVESTMENT IN WILDEWOOD APTS, LP	251,030	C
INVESTMENT IN APPLE RIDGE APTS, LP	29,528	C
INVESTMENT IN ROSWELL SUMMIT APTS, LP	50	C
DEVELOPMENT FEES RECEIVABLE	3,202,293	C
PREDEVELOPMENT CAPITALIZED COSTS	183,333	C
WORK IN PROCESS	685,777	C
INVESTMENT IN YES DEMING MOUNTAIN VIEW APTS, LP	100	C

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
YES HOUSING INC

Employer identification number

85-0388252

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	6	9,534		CASH	

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION HAS TWO SCHOLARSHIP/EDUCATIONAL PROGRAMS ONE PROGRAM IS AN EMPLOYEE EDUCATIONAL ASSISTANCE PLAN THAT IS INTENDED TO QUALIFY UNDER IRC SEC 127 THAT COVERS EMPLOYEES ONLY THIS PLAN REQUIRES THAT THE EMPLOYEES REMAIN ACTIVELY EMPLOYED AND MUST HAVE SATISFACTORY JOB PERFORMANCE THROUGH COMPLETION OF EACH COURSE IN ADDITION, THE EMPLOYEE MUST FURNISH YES WITH RECEIPTS FOR QUALIFYING EXPENDITURES, PROOF OF REGISTRATION AND, AT THE END OF THE COURSE, THE EMPLOYEE MUST PROVIDE PROOF OF A MINIMUM 20 OR PASSING GRADE BEFORE THEY CAN APPLY FOR ADDITIONAL ASSISTANCE THE SECOND PROGRAM IS A SCHOLARSHIP FUND COVERING THE SPOUSES, CHILDREN, SON-IN-LAW OR DAUGHTER-IN-LAW OF THOSE ACTIVELY INVOLVED AS A MEMBER OF THE YES ORGANIZATION AND ITS MISSION DOCUMENTATION REQUIRED INCLUDES PROOF OF ENROLLMENT IN A POST SECONDARY SCHOOL OF HIGHER EDUCATION, COPIES OF RECEIPTS FOR QUALIFIED EXPENSES UNLESS THE QUALIFIED EXPENSES ARE PAID DIRECTLY TO THE EDUCATIONAL INSTITUTION AND, IN ORDER TO BE CONSIDERED ELIGIBLE FOR AN ADDITIONAL SCHOLARSHIP AWARD, THE RECIPIENT MUST SHOW PROOF OF SUCESSFULLY COMPLETING THE PREVIOUSLY FUNDED COURSE AND MAINTAINING A 20 GRADE POINT AVERAGE PER SEMESTER

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization
YES HOUSING INC**Employer identification number**

85-0388252

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	AUGUSTINE C BACA \$15,754 JOSEPH R ORTEGA \$13,971

Schedule L

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

YES HOUSING INC

Employer identification number

85-038825

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958  \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) STACY ORTEGA	DAUGHTER OF DIRECTOR AND EXECUTIVE VICE PRESIDENT	3,000

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AUGUSTINE BACA CEO OF YOUTH DEVELO	CEO OF YDI IS ALSO THE CEO OF YES HOUSING, INC	117,382	YDI LEASES OFFICE SPACE FROM YES HOUSING AT FAIR MARKET VALUE YES HOUSING ALSO LEASES OFFICE SPACE FROM YDI AT FAIR MARKET VALUE (\$65,552)		No
(2) ROBERT AVILA DIRECTOR OF YOUTH DEV	DIRECTOR OF YDI IS ALSO THE VICE CHAIR OF YES HOUSING, INC	117,382	YDI LEASES OFFICE SPACE FROM YES HOUSING AT FAIR MARKET VALUE YES HOUSING ALSO LEASES OFFICE SPACE FROM YDI AT FAIR MARKET VALUE (\$65,552)		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2011**Open to Public
Inspection**Name of the organization
YES HOUSING INC**Employer identification number**

85-0388252

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS AT A REGULARLY SCHEDULED MEETING BY THE CPA AUDIT FIRM WHO PREPARED THE RETURN THE BOARD WILL APPROVE BY RESOLUTION THE FORM 990 RETURN PRIOR TO THE SIGNING AND FILING OF THE RETURN
	FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST STATEMENT IS SIGNED BY EACH MEMBER OF THE BOARD, OFFICERS, AND KEY EMPLOYEES EVERY YEAR THE STATEMENT EXPLAINS THE TERMS AND ASKS FOR DETAILS REGARDING ANY CONFLICT IF A CONFLICT ARISES WHICH RELATES TO AN EMPLOYEE, IT IS REVIEWED BY THE CEO AND THEN IS PRESENTED TO THE INDEPENDENT MEMBERS OF THE BOARD IF NECESSARY IF A CONFLICT ARISES WHICH RELATES TO A BOARD MEMBER, IT IS REVIEWED BY THE CHAIRMAN OF THE BOARD AND THEN PRESENTED TO THE INDEPENDENT MEMBERS OF THE BOARD IF NECESSARY A PERSON WITH A CONFLICT IS NOT ALLOWED TO VOTE ON SUCH TRANSACTIONS BI-WEEKLY MANAGEMENT AND MONTHLY STAFF MEETINGS ARE USED TO DISCUSS ONGOING OR POTENTIAL DEVELOPMENTS WHERE ANY CONFLICT OF INTEREST HAS BEEN IDENTIFIED AND DISCLOSURE PROCEDURES ARE INITIATED
	FORM 990, PART VI, SECTION B, LINE 15	AT THE MARCH 2009 BOARD MEETING, THE CEO PRESENTED THE BOARD WITH SEVERAL COMPENSATION REPORTS USED TO DETERMINE THE REASONABLENESS OF THE TOP MANAGEMENT POSITIONS IN THE ORGANIZATION THE BOARD INDICATED THAT THE TOP MANAGEMENT COMPENSATION LEVELS WERE JUST AND CONFORMING TO CURRENT MARKETS BUT REFERRED THE CEO'S COMPENSATION TO THE INDEPENDENT WAGE AND COMPENSATION COMMITTEE THE COMMITTEE MET AND REVIEWED SEVERAL COMPENSATION REPORTS AND STUDIES CONSISTING OF THE SEPTEMBER 2008 GUIDESTAR COMPENSATION REPORT, FORM 990'S FROM OTHER LIKE ENTITIES, THE NEW MEXICO BUSINESS WEEKLY DATED DECEMBER 2008, NON-PROFITS RANKED BY INCOME, AND THE NM DOL SALARY SURVEYS THE COMMITTEE RECOMMENDED APPROVAL AND THE BOARD APPROVED THE CEO COMPENSATION AT THE APRIL 15, 2009 BOARD MEETING THE BOARD DETERMINED THAT THE CEO'S COMPENSATION WILL BE REVIEWED EVERY THREE (3) YEARS THE APPROVAL PROCESS WAS DOCUMENTED THE COMPENSATION COMMITTEE (CEO, EVP, VP/CFO) REVIEWED SEVERAL COMPENSATION REPORTS AND STUDIES CONSISTING OF THE 2009 GUIDESTAR COMPENSATION REPORT, ROBERT HALF 2010 SALARY GUIDE, FORM 990'S FROM OTHER LIKE ENTITIES, NM DOL SURVEYS, AND ALSO COMMUNICATED WITH SENIOR MANAGEMENT OF SIMILAR ORGANIZATIONS TO DETERMINE THE REASONABLENESS OF KEY EMPLOYEES IT WAS DETERMINED THAT BASED ON COMPARABLE DATA AND COMPENSATION REPORTS, KEY EMPLOYEE SALARIES WERE WITHIN REASON AND CONFORMING TO THE CURRENT MARKET EACH KEY EMPLOYEE'S SALARY IS REVIEWED DURING EACH ANNUAL REVIEW
	FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND MOST RECENT AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, WWW YESHOUSING.ORG AND ARE ALSO MADE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -184,516
	FORM 990, PAGE 12 PART XII, QUESTION 2C	THERE HAS BEEN NO CHANGE IN THE AUDIT OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

YES HOUSING INC

Employer identification number

85-038825

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) YES BELLA VISTA LLC 104 ROMA NW ALBUQUERQUE, NM 87102 26-0727524	AFFORDABLE HOUSING	NM	YES HOUSING INC	C	-25	34,356	67 000 %
(2) YES ROSWELL SUMMIT LLC 104 ROMA NW ALBUQUERQUE, NM 87102 20-0524004	AFFORDABLE HOUSING	NM	YES HOUSING INC	C	-14	65,509	100 000 %
(3) YES OF ARIZONA LLC 104 ROMA NW ALBUQUERQUE, NM 87102 20-4086794	AFFORDABLE HOUSING	AZ	YES HOUSING OF ARIZONA INC	C	-71	536	100 000 %
(4) YES MOUNTAIN VIEW APARTMENTS 104 ROMA NW ALBUQUERQUE, NM 87102 27-3982257	AFFORDABLE HOUSING	NM	YES HOUSING INC	C		351,561	100 000 %
(5) YES MESA DEL NORTE APARTMENTS 104 ROMA NW ALBUQUERQUE, NM 87102 45-5247868	AFFORDABLE HOUSING	NM	YES HOUSING INC	C			100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

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

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Sale of assets to related organization(s)
- g Purchase of assets from related organization(s)
- h Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)
- j Lease of facilities, equipment, or other assets from related organization(s)
- k Performance of services or membership or fundraising solicitations for related organization(s)
- l Performance of services or membership or fundraising solicitations by related organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n Sharing of paid employees with related organization(s)
- o Reimbursement paid to related organization(s) for expenses
- p Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)
- r Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n	Yes	
1o		No
1p		No
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) YES HOUSING OF ARIZONA INC(D)		500	NOTES
(2) OTERO VILLAGE LP (D)		6,420	NOTES
(3) YES HOUSING OF ARIZONA INC(K & N)		0	NO CHARGE FOR THESE SERVICES
(4)			
(5)			
(6)			

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Schedule R (Form 990) 2011

Software ID:
Software Version:
EIN: 85-0388252
Name: YES HOUSING INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income (\$)	(e) End-of-year assets (\$)	(f) Direct Controlling Entity
YES BRENTWOOD GARDENS LLC 104 ROMA NW ALBUQUERQUE, NM 87102 85-0483745	AFFORDABLE HOUSING	NM	-5	773,589	YES HOUSING INC
YES MONTANA MEADOWS LLC 104 ROMA NW ALBUQUERQUE, NM 87102 85-0480048	AFFORDABLE HOUSING	NM	-5	436,068	YES HOUSING INC
YES WILDEWOOD LLC 104 ROMA NW ALBUQUERQUE, NM 87102 85-0475448	AFFORDABLE HOUSING	NM	-2	251,030	YES HOUSING INC
YES APPLE RIDGE LLC 104 ROMA NW ALBUQUERQUE, NM 87102 72-1526695	AFFORDABLE HOUSING	NM	10	29,528	YES HOUSING INC
YES VISTA GRANDE LLC 104 ROMA NW ALBUQUERQUE, NM 87102 45-0514260	AFFORDABLE HOUSING	NM	-101,485	0	YES HOUSING INC
YES 1ST AND ROMA LLC 104 ROMA NW ALBUQUERQUE, NM 87102 27-0981070	AFFORDABLE HOUSING	NM	0	0	YES HOUSING INC
YES NSP LLC 104 ROMA NW ALBUQUERQUE, NM 87102 27-0843963	AFFORDABLE HOUSING	NM	0	0	YES HOUSING INC
YES LA HACIENDA LLC 104 ROMA NW ALBUQUERQUE, NM 87102 27-2931718	AFFORDABLE HOUSING	NM	0	0	YES HOUSING INC
YES LOBO CANYON APARTMENTS LLC 104 ROMA NW ALBUQUERQUE, NM 87102 27-3982478	AFFORDABLE HOUSING	NM	0	0	YES HOUSING INC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end- of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V- UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
OTERO VILLAGE LP 104 ROMA NW ALBUQUERQUE, NM 87102 86-0963359	AFFORDABLE HOUSING	NM	YES HOUSING INC	RELATED	-118	184,730		No		Yes		0 100 %
APPLE RIDGE APARTMENTS LP 104 ROMA NW ALBUQUERQUE, NM 87102 72-1526697	AFFORDABLE HOUSING	NM	YES HOUSING INC	RELATED	7	135,061		No		Yes		0 100 %
BRENTWOOD GARDENS APARTMENTS LP 104 ROMA NW ALBUQUERQUE, NM 87102 85-0483988	AFFORDABLE HOUSING	NM	YES HOUSING INC	RELATED	1	875,361		No		Yes		0 100 %
MONTANA MEADOWS APARTMENTS LP 104 ROMA NW ALBUQUERQUE, NM 87102 85-0480049	AFFORDABLE HOUSING	NM	YES HOUSING INC	RELATED	-4	508,873		No		Yes		0 100 %
WILDEWOOD APARTMENTS LP 104 ROMA NW ALBUQUERQUE, NM 87102 85-0475523	AFFORDABLE HOUSING	NM	YES HOUSING INC	RELATED	-3	537,003		No		Yes		0 010 %
VISTA GRANDE APARTMENTS LP 104 ROMA NW ALBUQUERQUE, NM 87102 41-2096157	AFFORDABLE HOUSING	NM	YES HOUSING INC	RELATED	-197,953	485		No		Yes		0 010 %
BELLA VISTA TOWNHOMES LP 104 ROMA NW ALBUQUERQUE, NM 87102 26-0727608	AFFORDABLE HOUSING	NM	YES HOUSING INC	RELATED	-38	51,278		No		Yes		0 010 %
ROSWELL SUMMIT APARTMENTS LP 104 ROMA NW ALBUQUERQUE, NM 87102 26-0524103	AFFORDABLE HOUSING	NM	YES HOUSING INC	RELATED	-14	65,509		No		Yes		0 010 %
LOS TRES APARTMENTS LP 104 ROMA NW ALBUQUERQUE, NM 87102 87-0744393	AFFORDABLE HOUSING	AZ	YES LOS TRES LLC	RELATED	-102	2,006		No		Yes		0 010 %
YES LOS TRES LLC 104 ROMA NW ALBUQUERQUE, NM 87102 20-2786022	AFFORDABLE HOUSING	AZ	YES OF ARIZONA LLC	RELATED	-71	536		No		Yes		70 000 %
YES DEMING MOUNTAIN VIEW APARTMENTS LLLP 104 ROMA NW ALBUQUERQUE, NM 87102 27-4067014	AFFORDABLE HOUSING	NM	YES HOUSING INC	RELATED		351,561		No		Yes		10 000 %
YES MESA DEL NORTE APARTMENTS 104 ROMA NW ALBUQUERQUE, NM 87102 37-1692664	AFFORDABLE HOUSING	NM	YES HOUSING INC	RELATED				No		Yes		

Additional Data

Software ID:
Software Version:
EIN: 85-0388252
Name: YES HOUSING INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code	(Expenses \$	209,006	including grants of \$) (Revenue \$	187,382)
COMMERCIAL LEASE DEVELOPMENTS FOR OTHER NON PROFITS - OFFICE BUILDING & CHARTER SCHOOL					