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Form **990**

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 9133 NW GRAND AVENUE — Room/suite: #1

City or town, state or country, and ZIP + 4: PEORIA, AZ 85345

D Employer identification number: 74-2401708

E Telephone number: (623)583-2417

G Gross receipts $: 23,926,522.

F Name and address of principal officer: ROGER G. SCHWIERJOHN
9133 NW GRAND AVENUE, STE 1 PEORIA, AZ 85345

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 ▶ 8545

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

J Website: ▶ WWW.HABITATCAZ.ORG

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1985 **M** State of legal domicile: AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
5	Total number of employees (Part V, line 2a)	5	64
6	Total number of volunteers (estimate if necessary)	6	13,279
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contribution and grants (Part VIII, line 1h)	2,573,583.	9,084,382.
9	Program service revenue (Part VIII, line 2g)	1,652,748.	3,301,311.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	71,869.	549,028.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	657.	72,569.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,298,857.	13,007,290.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,256,656.	7,380,956.
14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	849,960.	3,369,808.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,846.	110,107.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 2,447,440.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	45,820.	1,630,205.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,154,282.	12,491,076.
19	Revenue less expenses Subtract line 18 from line 12	1,144,575.	516,214.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	33,315,507.	28,547,265.
21	Total liabilities (Part X, line 26)	11,376,655.	6,119,427.
22	Net assets or fund balances. Subtract line 21 from line 20	21,938,852.	22,427,838.

SCANNED JUN 30 2010

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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: Kyle G. Schwierjohn, PRESIDENT — Date: 5/12/10

▶ Type or print name and title: ROGER G. SCHWIERJOHN PRESIDENT

Paid Preparer's Use Only

Preparer's signature — Date 5/12/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: CBIZ MHM, LLC, 3101 N. CENTRAL AVE., STE 300 PHOENIX, AZ 85012 — EIN ▶ 34-1884125 — Phone no ▶ 602-264-6835

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

Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 exempt purpose achievements for each of the organization's three largest program services 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 $ 9,327,497. including grants of $ 7,380,956.) (Revenue $ 3,315,935.)

SEE SCHEDULE O

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ $ 9,327,497. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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	X	
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	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 U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		X
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 United States? *If "Yes," complete Schedule F, Part II*	15		X
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 United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 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 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1a 37			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . 1b NONE			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 64			
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* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
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, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
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).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75? .	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, 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		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
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			

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 36			
b	Enter the number of voting members that are independent 1b 36			
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		X
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? . . .	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	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?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AZ

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

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ HOLLY BAIRD 9133 NW GRAND AVENUE, STE. 1 PEORIA, AZ 85345 (602)583-2417

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- 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 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

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 the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								165,788.	NONE	27,500.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ NONE

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
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? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

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

(A) Name and business address	(B) Description of services	(C) Compensation
VALDEZ & SON CONSTRUCTION AZ	CONTRACTOR	1,090,199.
COLT CONCRETE, LLC PHOENIX, AZ 85029	CONCRETE	163,870.
FALCO PLUMBING TEMPE, AZ 85285	PLUMBING	161,526.
SHADE TREE LITCHFIELD PARK, AZ 85340	LANDSCAPING	123,942.
THE ROCK PLASTERING PHOENIX, AZ 85042	LATH/STUCCO	123,750.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 6

Part VIII Statement of Revenue 74-2401708

			(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, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	30,320.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,793,044.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,261,018.			
	g Noncash contributions included in lines 1a-1f $ 3,258,188.					
	h **Total.** Add lines 1a-1f		9,084,382.			
Program Service Revenue		**Business Code**				
	2a HOME TRANSFERS	230000	3,301,311.	3,301,311.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		3,301,311.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		23,222.			23,222.
	4 Income from investment of tax-exempt bond proceeds		NONE			
	5 Royalties		NONE			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		NONE			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	14,357.	6,921,472.			
	b Less cost or other basis and sales expenses	19,587.	6,390,436.			
	c Gain or (loss)	-5,230.	531,036.			
	d Net gain or (loss)		525,806.			525,806.
	8a Gross income from fundraising events (not including $ 30,320. of contributions reported on line 1c) See Part IV, line 18 a	83,274.				
	b Less direct expenses b	44,533.				
	c Net income or (loss) from fundraising events		38,741.			38,741.
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		NONE			
	10a Gross sales of inventory, less returns and allowances a	4,464,676.				
	b Less cost of goods sold b	4,464,676.				
	c Net income or (loss) from sales of inventory		NONE			
	Miscellaneous Revenue	**Business Code**				
	11a OTHER INCOME	900099	19,204.			19,204.
	b LATE PMT PENALTIES	531390	14,624.	14,624.		
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		33,828.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		13,007,290.	3,315,935.		606,973.

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).

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 U S See Part IV, line 21	NONE			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	7,380,956.	7,380,956.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	199,164.	99,582.	99,582.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	2,428,372.	786,262.	478,924.	1,163,186.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	NONE			
9 Other employee benefits	461,833.	160,110.	91,167.	210,556.
10 Payroll taxes	280,439.	96,470.	61,283.	122,686.
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	47,712.	5,317.	42,395.	
c Accounting	82,600.		82,600.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	110,107.			110,107.
f Investment management fees	NONE			
g Other	153,260.	88,750.	16,469.	48,041.
12 Advertising and promotion	18,074.	801.	327.	16,946.
13 Office expenses	212,580.	33,018.	91,092.	88,470.
14 Information technology	39,096.		10,574.	28,522.
15 Royalties	NONE			
16 Occupancy	587,945.		189,848.	398,097.
17 Travel	43,226.	22,889.	6,082.	14,255.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	9,082.	4,233.	2,488.	2,361.
20 Interest	408,212.	303,901.	40,991.	63,320.
21 Payments to affiliates	166,947.	166,947.		
22 Depreciation, depletion, and amortization	130,794.	5,511.	79,013.	46,270.
23 Insurance	107,773.	60,200.	15,010.	32,563.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a ALLOCATION OF OVERHEAD TO PR		629,850.	-629,850.	
b TRANSFERRED TO CONSTR - IN PR	-583,877.	-583,877.		
c BUILDING PLANS	36,474.	36,474.		
d EQUIP/BUILD REPAIRS & MAINT	88,124.	20,015.	32,474.	35,635.
e OTHER EXPENSES	82,183.	10,088.	5,670.	66,425.
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	12,491,076.	9,327,497.	716,139.	2,447,440.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 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	1,524,671.	1	1,634,348.
	2	Savings and temporary cash investments	2,266,499.	2	2,635,314.
	3	Pledges and grants receivable, net	110,584.	3	1,248,350.
	4	Accounts receivable, net	669,862.	4	NONE
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties 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		7	
	8	Inventories for sales or use	159,372.	8	174,633.
	9	Prepaid expenses and deferred charges	66,519.	9	143,254.
	10a	Land, buildings, and equipment cost basis 10a 5,197,521.			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b 477,989.	5,424,932.	10c	4,719,532.
	11	Investments - publicly traded securities	158,117.	11	129,577.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	22,916,375.	13	17,819,136.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	18,576.	15	43,121.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	33,315,507.	16	28,547,265.
Liabilities	17	Accounts payable and accrued expenses	1,141,764.	17	529,694.
	18	Grants payable		18	
	19	Deferred revenue	871,311.	19	2,669,549.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D	197,213.	21	105,248.
	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	9,089,721.	23	2,666,596.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	76,646.	25	148,340.
	26	**Total liabilities.** Add lines 17 through 25	11,376,655.	26	6,119,427.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	21,107,169.	27	21,199,402.
	28	Temporarily restricted net assets	831,683.	28	1,228,436.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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	21,938,852.	33	22,427,838.
	34	Total liabilities and net assets/fund balances	33,315,507.	34	28,547,265.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990. [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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	
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?	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
HABITAT FOR HUMANITY CENTRAL ARIZONA	74-2401708

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: (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **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).** (Attach Schedule H)

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).** (see instructions)

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

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?

		Yes	No
(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 supported organization?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the organizations the organization supports

(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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,557,621.	2,548,351.	3,586,806.	2,573,583.	9,084,382.	19,350,743.
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 1-3	1,557,621.	2,548,351.	3,586,806.	2,573,583.	9,084,382.	19,350,743.
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)						88,846.
6 **Public support.** Subtract line 5 from line 4						19,261,897.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,557,621.	2,548,351.	3,586,806.	2,573,583.	9,084,382.	19,350,743.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,315.	10,855.	46,205.	71,887.	23,222.	161,484.
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 IV)	4,958.	35,349.	15,791.	5,540.	33,828.	95,466.
11 **Total support.** Add lines 7 through 10						19,607,693.
12 Gross receipts from related activities, etc (See instructions)					12	16,350,695.

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 2008 (line 6, column (f) divided by line 11, column (f))	14	98.24 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.53 %

16a **33 1/3% support test - 2008.** 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 - 2007.** If the organization did not check a 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 - 2008.** 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 "fact-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 - 2007.** 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 Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER REVENUES	4,958.	35,349.	10,506.	210.	19,204.	70,227.
LATE PAYMENT PENALTIES			5,285.	5,330.	14,624.	25,239.
TOTALS	4,958.	35,349.	15,791.	5,540.	33,828.	95,466.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number

74-2401708

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 other 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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 Trust, Escrow and Custodial Arrangements. Complete if 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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 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
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	1,707,573.	NONE		1,707,573.
b Buildings		2,202,311.	67,629.	2,134,682.
c Leasehold improvements		142,369.	115,434.	26,935.
d Equipment		440,758.	294,926.	145,832.
e Other		704,510.	NONE	704,510.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,719,532.

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
Financial derivatives and other financial products		
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
MORTGAGE LOANS	12,778,907.	COST
LAND HELD FOR DEVELOPMENT	5,040,229.	COST
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	17,819,136.	

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
PMI DEPOSITS	29,836.
MAINTENANCE DEPOSITS	118,504.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	148,340.

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

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	13,007,290.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,491,076.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	516,214.
4	Net unrealized gains (losses) on investments	4	-27,225.
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	-27,225.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	488,989.

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	11,454,266.
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	34,346.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	34,346.
3	Subtract line **2e** from line **1**			3	11,419,920.
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	1,587,370.		
c	Add lines **4a** and **4b**			4c	1,587,370.
5	Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	13,007,290.

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

1	Total expenses and losses per audited financial statements			1	10,965,277.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	34,346.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	34,346.
3	Subtract line **2e** from line **1**			3	10,930,931.
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	1,560,145.		
c	Add lines **4a** and **4b**			4c	1,560,145.
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	12,491,076.

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

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

ESCROW ACCOUNTS

SCHEDULE D, PART IV, LINE 2B

THE ORGANIZATION RECEIVES AMOUNTS FROM THEIR HOMEOWNERS FOR INSURANCE, PROPERTY TAXES AND HOME MAINTENANCE. THESE AMOUNTS ARE USED TO PAY AMOUNTS AS THEY BECOME DUE.

REVENUE RECONCILIATION

SCHEDULE D, PART XII, LINE 4B

UNREALIZED LOSS $27,225

RESTORE OPERATING EXPENSE $1,560,145

EXPENSE RECONCILIATION

SCHEDULE D, PART XIII, LINE 4B

RESTORE OPERATING EXPENSE $1,560,145

FIN 48 STATEMENT

SCHEDULE D, PART X

THE ORGANIZATION HAS NOT ADOPTED FIN 48. THE ORGANIZATION EVALUEATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF THEIR POLICIES AND PROCEDURES, REVIEW OF THEIR REGULAR TAX FILINGS AND DISCUSSION WITH OUTSIDE EXPERTS.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047
2008
Open To Public Inspection

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA
Employer identification number: 74-2401708

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a [X] Mail solicitations
b [X] Email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
ALPHA DOG	DIRECT MAIL CAMPAIGN		X	163,692.	95,512.	68,180.
THE BALSER GROUP	CONSULTING		X	199,202.	12,672.	186,530.
Total ▶				362,894.	108,184.	254,710.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AZ,

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

		(a) Event #1 BLUEPRINTS (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	99,319.	21,129.		120,448.
	2 Less Charitable contributions	23,600.	6,720.		30,320.
	3 Gross revenue (line 1 minus line 2)	75,719.	14,409.		90,128.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	7,354.	3,652.		11,006.
	6 Rent/facility costs		6,720.		6,720.
	7 Other direct expenses	19,553.			19,553.
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				(37,279.)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				52,849.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % No	Yes % No	Yes % No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records			
	Name ▶ _____			
	Address ▶ _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶ _____			
	Address ▶ _____			
16	Gaming manager information			
	Name ▶ _____			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶ _____			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number

74-2401708

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? . . . . . [X] 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" on 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 . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

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

Schedule I (Form 990) 2008

JSA
8E1288 2 000

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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
HOUSING ASSISTANCE	147		7,380,956.	BOOK VALUE	HOUSING

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

MONITORING GRANTS PROCEDURES

SCHEDULE I, PART I, LINE 2

PART III - HOUSING ASSISTANCE:

HOMEOWNERS THAT ARE SELECTED FOR OUR PROGRAM MUST MEET THE FOLLOWING QUALIFICATIONS, WHICH ARE VERIFIED AS PART OF OUR ACCEPTANCE PROCESS:

ARE U.S. CITIZENS OR HOLD PERMANENT RESIDENT ALIEN STATUS.

ARE LOW INCOME, MEANING THEIR GROSS HOUSEHOLD INCOME IS BETWEEN 30% AND 60% OF THE MEDIAN INCOME FOR THE PHOENIX AREA FOR THE PAST 2 YEARS,

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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

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

ADJUSTED FOR FAMILY SIZE.

HAVE A TWO-YEAR HISTORY OF STABLE INCOME.

MONTHLY LONG-TERM DEBT PAYMENTS, INCLUDING PROSPECTIVE MORTGAGE PAYMENT,

ARE LESS THAN 38% OF A FAMILY'S INCOME.

HAVE AN ACCEPTABLE HISTORY OF CREDIT AND A GOOD RECORD OF PAYING RENT AND

UTILITIES.

CAN COVER CLOSING COSTS (APPROXIMATELY $2,000).

ARE WILLING TO CONTRIBUTE AT LEAST 400 HOURS OF SWEAT EQUITY TOWARDS THE

BUILDING OF HABITAT HOMES.

ATTEND REQUIRED WORKSHOPS FOR SUCCESS IN HOMEOWNERSHIP.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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

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

AT 30, 60 AND 90 DAYS POST OCCUPANCY THE INDIVIDUAL IS EITHER CONTACTED BY PHONE OR IN PERSON AND A ONE-PAGE QUESTIONNAIRE IS COMPLETED. MORTGAGE DELINQUENCY REPORTS ARE PREPARED BI-MONTHLY AND DELINQUENT ACCOUNTS ARE CLOSELY MONITORED AND HOMEOWNERS ARE CONTACTED TO DISCUSS. BUDGETING CLASSES ARE OFFERED TO ALL HOMEOWNERS FREE OF CHARGE.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer Identification number

74-2401708

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BUD SCHNEIDER DIRECTOR	2.	X						NONE	NONE	NONE
JAN TURNQUIST DIRECTOR	2.	X						NONE	NONE	NONE
DON MIDDLETON DIRECTOR	2.	X						NONE	NONE	NONE
JAMES DENSON CO-CHAIRPERSON	2.	X		X				NONE	NONE	NONE
KYLE WOOD DIRECTOR	2.	X						NONE	NONE	NONE
CHRIS COFFMAN DIRECTOR	2.	X						NONE	NONE	NONE
KATHLEEN CROWLEY DIRECTOR	2.	X						NONE	NONE	NONE
KAREN WHITE CO-TREASURER	2.	X		X				NONE	NONE	NONE
JAE B. ESPINOZA DIRECTOR	2.	X						NONE	NONE	NONE
JOHN FLAKLER DIRECTOR	2.	X						NONE	NONE	NONE
LLOYD FINDLAY CO-SECRETARY	2.	X		X				NONE	NONE	NONE
FREDERICK P. LAKE II CO-VICE CHAIRPERSON	2.	X		X				NONE	NONE	NONE
LEE MASHBURN CO-CHAIRPERSON	2.	X		X				NONE	NONE	NONE
JAMIE SHULMAN CO-VICE CHAIRPERSON	2.	X		X				NONE	NONE	NONE
MARY E. ADAMS, MD CO-SECRETARY	2.	X		X				NONE	NONE	NONE
RYE LOOPE CO-TREASURER	2.	X		X				NONE	NONE	NONE
JAMES R. ADAIR DIRECTOR	2.	X						NONE	NONE	NONE
MAGGIE BARKDOLL DIRECTOR	2.	X						NONE	NONE	NONE
MAYRA CIRIBASSI DIRECTOR	2.	X						NONE	NONE	NONE
DAVID DECERO DIRECTOR	2.	X						NONE	NONE	NONE
REGGIE DYE DIRECTOR	2.	X						NONE	NONE	NONE

SCHEDULE J-2 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer Identification number

74-2401708

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANNA GARCIA DIRECTOR	2.	X						NONE	NONE	NONE
BRIAN GINTER DIRECTOR	2.	X						NONE	NONE	NONE
LARRY GUDIS DIRECTOR	2.	X						NONE	NONE	NONE
DIANE HALLER DIRECTOR	2.	X						NONE	NONE	NONE
CARL JORDAN DIRECTOR	2.	X						NONE	NONE	NONE
THURMAN JUDD DIRECTOR	2.	X						NONE	NONE	NONE
TODD KINNEY DIRECTOR	2.	X						NONE	NONE	NONE
OWEN G. MOORHEAD DIRECTOR	2.	X						NONE	NONE	NONE
VICTOR NEWTON DIRECTOR	2.	X						NONE	NONE	NONE
BILL NORD DIRECTOR	2.	X						NONE	NONE	NONE
MICHAEL A. PERRY DIRECTOR	2.	X						NONE	NONE	NONE
JIM PHELPS DIRECTOR	2.	X						NONE	NONE	NONE
BOB RASMUSSEN DIRECTOR	2.	X						NONE	NONE	NONE
GIL RODRIGUEZ DIRECTOR	2.	X						NONE	NONE	NONE
DARCY L. ROSE DIRECTOR	2.	X						NONE	NONE	NONE
RYAN T. ROSENSTEEL DIRECTOR	2.	X						NONE	NONE	NONE
CORKY SILVER DIRECTOR	2.	X						NONE	NONE	NONE
KAREN STONE DIRECTOR	2.	X						NONE	NONE	NONE
FRAN SZNEWAJS DIRECTOR	2.	X						NONE	NONE	NONE
JEFFREY GARZA WALKER DIRECTOR	2.	X						NONE	NONE	NONE
KIM HUMPHREY DIRECTOR	2.	X						NONE	NONE	NONE

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer Identification number

74-2401708

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROGER SCHWIERJOHN PRESIDENT/CEO	45.			X				95,833.	NONE	14,252.
HOLLY BAIRD CFO	40.			X				69,955.	NONE	13,248.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number

74-2401708

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		2,217,852.	AMOUNT OF SALE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded	X	5	4,339.	FMV OF STOCK
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	X	11	490,114.	APPRAISAL
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 ▶(BUILD MAT)	X	115	200,754.	STANDARD COST
26	Other ▶(GIFT CARDS)	X	22	20,532.	FACE OR RETAIL VALUE
27	Other ▶(SOLAR PANELS)	X	30	324,597.	RETAIL VALUE
28	Other ▶( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

MISSION

FORM 990, PART I, LINE 1

HABITAT FOR HUMANITY CENTRAL ARIZONA, A CHRISTIAN-BASED ORGANIZATION, BUILDS SIMPLE, DECENT AND AFFORDABLE HOMES IN PARTNERSHIP WITH FAMILIES IN NEED.

FORM 990, PART III, LINE 1

HABITAT FOR HUMANITY CENTRAL ARIZONA IS A CHRISTIAN-BASED ORGANIZATION, WHICH BUILD SIMPLE, DECENT AND AFFORDABLE HOMES IN PARTNERSHIP WITH FAMILIES IN NEED. WE HAVE BUILT MORE THAN 700 INFILL AND COMMUNITY SINGLE-FAMILY HOMES IN THE PHOENIX METROPOLITAN AREA SINCE 1985. OUR SERVICE AREA INCLUDES THE ENTIRE METROPOLITAN PHOENIX AREA, WITH THE EXCEPTION OF CAVE CREEK AND CAREFREE TOWNS. OUR REACH EXTENDS TO 99% OF THE MARICOPA COUNTY POPULATION.

FORM 990, PART III, LINE 4A

HABITAT FOR HUMANITY CENTRAL ARIZONA IS CONSIDERED ONE OF THE TOP TEN AFFILIATES AMONG THE NEARLY 1,600 HABITAT FOR HUMANITY AFFILIATES IN THE UNITED STATES.

FOR FY 08-09 WE BUILT/RENOVATED 41 HOMES FOR FAMILIES IN NEED:

APACHE JUNCTION - HABITAT BUILT THREE MORE HOMES, COMPLETING THE 18 HOME IRONWOOD TRAILS COMMUNITY. THIS IS OUR FIRST LEED CERTIFIED COMMUNITY. EACH OF THE HOMES INCLUDE A SALT RIVER PROJECT DONATED SOLAR PHOTOVOLTAIC

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

SYSTEM, WHICH REDUCES HOMEOWNERS' MONTHLY ENERGY BILLS BY 45 PERCENT AND CREATES STORED ENERGY FOR SHARED USAGE.

CHANDLER - HABITAT COMPLETED FOUR NEW INFILL HOMES IN THE REDEVELOPMENT NEIGHBORHOOD NEAR HISTORIC DOWNTOWN CHANDLER. OUR NEW TWO-STORY MODELS, WITH GARAGE, ARE FEATURED IN THIS NEIGHBORHOOD TO MEET CITY AND LOT REQUIREMENTS.

GILBERT - HABITAT BUILT OUR FIRST HOME IN THE TOWN OF GILBERT. THE HOME IS SEEKING LEED CERTIFICATION.

GLENDALE - HABITAT COMPLETED ANOTHER INFILL HOME IN THE HEART OF A GLENDALE NEIGHBORHOOD NEAR DOWNTOWN GLENDALE. THIS HOME WAS THE FIRST LEED PLATINUM CERTIFIED HOME IN THE UNITED STATES BUILT BY A HABITAT AFFILIATE.

PEORIA - HABITAT CONTINUES REVITALIZATION WORK OF NEIGHBORHOODS BY BUILDING FOUR ADDITIONAL INFILL HOMES.

PHOENIX - HABITAT STARTED OUR NEWEST COMMUNITY IN SOUTH PHOENIX, COMPLETING 15 OF THE 32 PLANNED HOMES. ORO VISTA INCLUDES A COMMUNITY PARK, HOA AND A CRAFTSMAN STYLE TO FIT WITH THE LOCAL NEIGHBORHOOD. ALL THE HOMES IN ORO VISTA WILL BE SEEKING LEED SILVER CERTIFICATION. WE ALSO STARTED A NEW PROGRAM, RENOVATING THREE PHOENIX HOMES.

SURPRISE - HABITAT CONTINUED BUILDING IN JOHNSON TOWNHOMES WITH THE CONSTRUCTION OF TWO, FIVE-UNIT BUILDINGS, COMPLETING A TOTAL OF 15 OF THE

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

PLANNED 48 TOWNHOMES. THE COMMUNITY WILL INCLUDE A HOA AND COMMUNITY PARK.

WE ALSO CONTINUED INFRASTRUCTURE WORK ON NEW PROJECTS:

GLENDALE - HABITAT IS PLANNING AN 11-UNIT GEMINI HOME SUBDIVISION CALLED PALMAIRE COURT. THESE HOMES ARE SIMILAR TO SINGLE FAMILY TWO-STORY HOMES EXCEPT THEY SHARE A COMMON WALL OF THE GARAGE. THIS WILL BE THE FIRST TIME WE HAVE BUILT THIS TYPE OF STRUCTURE. BUILDING GEMINI HOMES ON THIS PARCEL OF LAND ALLOWS US TO CONSTRUCT TWICE AS MANY HOMES OVER SINGLE FAMILY DWELLINGS, THEREFORE, SERVING MORE FAMILIES. WE WILL BEGIN HOME CONSTRUCTION IN 2010.

AVONDALE - HABITAT IS PLANNING A 37-HOME COMMUNITY CALLED HILLCREST VILLAGE. HILLCREST VILLAGE OFFERS THREE - TO FIVE-BEDROOM SINGLE-FAMILY DETACHED HOMES WITH GARAGE AND A HOA. HOME CONSTRUCTION BEGINS IN THE FALL OF 2009.

ADDITIONALLY:

WE PARTNERED WITH 13,279 VOLUNTEERS WHO SPENT 122,129 VOLUNTEER HOURS TO HELP WITH HOME CONSTRUCTION, COMMITTEE WORK, OFFICE SUPPORT AND CUSTOMER SERVICE SUPPORT IN OUR RESTORES. BECAUSE OF THEIR DEDICATION TO THE HABITAT MISSION, HABITAT REALIZED A LABOR SAVINGS OF $2,473,107.

DUE TO THE CHANGE IN THE HOUSING MARKET, HABITAT HAS STARTED A RENOVATION.

HABITAT FOR HUMANITY CENTRAL ARIZONA IS THE RECIPIENT OF 25 HOMES ACROSS

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

THE VALLEY THAT HAD BEEN FORECLOSED UPON, PURCHASED AT AUCTION AND THEN DONATED TO OUR HABITAT AFFILIATE BY AN ANONYMOUS DONOR. WE ARE RENOVATING THE HOMES, OR IF THEY ARE UNSALVAGEABLE DUE TO LEAD AND ASBESTOS THEY WILL BE DEMOLISHED AND NEW HOMES WILL BE BUILT IN THEIR PLACE. THROUGH THIS PROGRAM WE ARE HELPING TO REVITALIZE AND STABILIZE NEIGHBORHOODS, SERVE MORE FAMILIES AND ASSIST VOLUNTEERS WITH THE ACQUISITION OF NEW SKILLS.

HABITAT FOR HUMANITY CENTRAL ARIZONA HAS BEEN AN ENERGY STAR BUILDER FOR MORE THAN A DECADE AND AS A MEMBER OF THE UNITED STATES GREEN BUILDING COUNCIL (USGBC). WE NOW DESIGN AND BUILD OUR HOMES ACCORDING TO LEED FOR HOMES STANDARDS. LEED FOR HOMES IS A RATING SYSTEM THAT PROMOTES THE DESIGN AND CONSTRUCTION OF GREEN HOMES. A GREEN HOME CONSUMES FEWER RESOURCES, CREATES LESS WASTE, AND IS HEALTHIER AND MORE AFFORDABLE FOR A HOMEOWNER TO OPERATE AND MAINTAIN.

WE ARE IN THE PROCESS OF LEED CERTIFYING 52 HOMES (34 PHOENIX, 18 APACHE JUNCTION, 1 CHANDLER, 1 GILBERT) AT VARYING LEVELS DEPENDING ON LOCATION, FEATURES AND FUNDING. HABITAT WORKS WITH SPONSORS, VENDORS AND OTHERS WHO HAVE OFFERED TO HELP FUND THE ADDITIONAL COSTS ASSOCIATED WITH LEED UPGRADES AND CERTIFICATION.

IN PARTNERSHIP WITH SONORAN LEED, ENERGY INSPECTORS, ARIZONA PUBLIC SERVICE, SALT RIVER PROJECT, USGBC ARIZONA CHAPTER, ARIZONA CHAMBER OF COMMERCE ENERGY OFFICE, MARICOPA COUNTY AND THE ASU CENTER FOR AFFORDABLE HOUSING, HABITAT FOR HUMANITY CENTRAL ARIZONA DEVELOPED RENOVATION GREEN BUILDING GUIDELINES WHICH INCORPORATE A PRE-CONSTRUCTION EVALUATION

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

PROCEDURE, ENERGY EFFICIENCY SYSTEMS, INDOOR ENVIRONMENTAL QUALITY UPGRADES, WATER CONSERVATION TECHNIQUES, ENVIRONMENTALLY PREFERABLE MATERIALS AND HOMEOWNER EDUCATION.

OUR EFFORTS BENEFIT FAMILIES WHO MEET OUR QUALIFICATIONS:

ARE U.S. CITIZENS OR HOLD PERMANENT RESIDENT ALIEN STATUS.

ARE LOW INCOME, MEANING THEIR GROSS HOUSEHOLD INCOME IS BETWEEN 30% AND 60% OF THE MEDIAN INCOME FOR THE PHOENIX AREA FOR THE PAST 2 YEARS, ADJUSTED FOR FAMILY SIZE.

HAVE A TWO-YEAR HISTORY OF STABLE INCOME.

MONTHLY LONG-TERM DEBT PAYMENTS, INCLUDING PROSPECTIVE MORTGAGE PAYMENT, ARE LESS THAN 38% OF A FAMILY'S INCOME.

HAVE AN ACCEPTABLE HISTORY OF CREDIT AND A GOOD RECORD OF PAYING RENT AND UTILITIES.

CAN COVER CLOSING COSTS (APPROXIMATELY $2,000).

ARE WILLING TO CONTRIBUTE AT LEAST 400 HOURS OF SWEAT EQUITY TOWARDS THE BUILDING OF HABITAT HOMES.

ATTEND REQUIRED WORKSHOPS FOR SUCCESS IN HOMEOWNERSHIP.

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

HOMEOWNERS RECEIVE HOMEOWNERSHIP AND FINANCIAL FITNESS TRAINING WHICH COVER BUDGETING, CREDIT, DELINQUENCY AND FORECLOSURE PREVENTION, REFINANCE, AND ANTI-PREDATORY LENDING COUNSELING. FAMILIES LEARN HOW TO PREPARE FOR CLOSING DAY, AND HOW TO MAINTAIN THE INVESTMENT IN THEIR HOME. APPROXIMATELY TWO HOURS OF THIS CLASS ARE ALLOCATED TO THE TOPIC OF PREDATORY LENDING. FINANCIAL LITERACY TRAINING COVERS MONEY MANAGEMENT AND FINANCIAL PLANNING SKILLS. THEY ALSO LEARN ABOUT CC&RS, HOA, HOME MAINTENANCE, WARRANTIES, BY-LAWS, MEETINGS, VOTING & COMMITTEE STRUCTURES.

HOMEOWNERS ALSO RECEIVE HOME MAINTENANCE TRAINING TO STRENGTHEN THEIR KNOWLEDGE, SKILLS AND CONFIDENCE TO ADDRESS ROUTINE HOME MAINTENANCE ISSUES. THEY LEARN ABOUT LIFE SPANS, REPLACEMENT COSTS, DISCOUNT PROGRAMS, HOW TO HIRE A CONTRACTOR, WARRANTIES AND OTHER INFORMATION.

WE ARE AN EQUAL OPPORTUNITY HOUSING PROVIDER AND COMPLY WITH FEDERAL REGULATIONS REGARDING HOUSING DISCRIMINATION. WE CONSIDER APPLICANTS WITHOUT REGARD TO THEIR RACE, RELIGIOUS PREFERENCE, GENDER, PHYSICAL ABILITY, FAMILIAL STATUS, OR NATIONAL ORIGIN.

ADDITIONAL ACCOMPLISHMENTS FOR FY 08-09 INCLUDE THE FOLLOWING:

ATTENDED AND/OR LED SIX HOMEOWNER ASSOCIATION MEETINGS.

HELD 12 COMMUNITY PRESENTATIONS AND 17 PRE-SCREENING EVENTS.

DEVELOPED 14 NEW COMMUNITY PARTNERSHIPS.

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

FIELDED MORE THAN 1,243 INQUIRIES.

PRE-SCREENED 239 APPLICANTS.

COMPLETED 23 HOME VISITS.

REFERRED 72 FAMILIES TO OTHER PROGRAMS AND/OR SERVICES.

PREPARED 28 FAMILIES FOR FUTURE HOME-OWNERSHIP IN THE COMING YEAR.

SERVED 40 FAMILIES (147 INDIVIDUALS - 88 CHILDREN AND 59 ADULTS) OF WHICH 60% WERE HISPANIC, 17% WERE AFRICAN-AMERICAN, 12% WERE CAUCASIAN, 8% WERE ASIAN AND 3% WERE ARAB AMERICAN.

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

GOVERNANCE, MANAGEMENT, DISCLOSURES, AND POLICIES

FORM 990, PART VI, SECTION A LINE 10

THE 990 INFORMATION IS COMPILED BY THE FINANCE DEPARTMENT. THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND THEN REVIEWED AND SIGNED BY THE CEO. A REVIEW OF THE FILED 990 BY THE BOARD OF DIRECTORS IS CONDUCTED WITHIN 90 DAYS OF FILING.

FORM 990, PART VI, SECTION B LINE 12C

DISCLOSURE STATEMENTS ARE REQUIRED OF THE ALL EMPLOYEES AND BOARD MEMBERS EACH YEAR. NEW BOARD MEMBERS AND EMPLOYEES MUST ALSO COMPLETE THE DISCLOSURE WHEN THEY ARE HIRED OR JOIN THE BOARD.

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

COMPENSATION REVIEW PROCESS

FORM 990, PART VI, LINE 15

COMPENSATION FOR THE CEO AND KEY EMPLOYEES IS DETERMINED BY COMPARABILITY DATA AND SALARY SURVEYS FROM LOCAL SIMILAR NON-PROFITS. THE SALARY IS RECOMMENDED BY THE PERSONNEL COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS.

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

GOVERNING DOCUMENTS AVAILABILITY

FORM 990, PART VI, LINE 19

ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST VIA EMAIL, US MAIL OR ON THE WEBSITE.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number

74-2401708

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

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
JOHNSON TOWNHOME HOA 26-2901558 13622 N. 99TH AVE SUN CITY, AZ 85351	HOA	AZ	528		N/A
VARNEY VILLAGE HOA, INC 56-2655618 PO BOX 50385 PHOENIX, AZ 85076-0385	HOA	AZ	528		N/A
PUEBLO FUTURO HOA 36-4607782 P.O. BOX 996 EL MIRAGE, AZ 85335	HOA	AZ	528		N/A
ORO VISTA HOA, INC 74-3223056 115 E. WALTKINS ST. PHOENIX, AZ 85004	HOA	AZ	528		N/A
SOUTH RANCH II HOA, INC 86-0872126 532 E. MARYLAND STE F PHOENIX, AZ 85012	HOA	AZ	528		N/A
VILLAS ESPERANZA HOA, INC 20-3757124 P.O. BOX 20186 PHOENIX, AZ 85036	HOA	AZ	528		N/A
IRONWOOD TRAILS HOA, INC 68-0642937 532 E. MARYLAND STE F PHOENIX, AZ 85012	HOA	AZ	528		N/A

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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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

Part V Transactions With Related Organizations

			Yes	No
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	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q	X	
r	Other transfer of cash or property from other organization(s)	1r		X

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

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	JOHNSON TOWNHOME HOA	DUES	15.
(2)	IRONWOOD TRAILS HOA	PARK MAINT	6,938.
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	HABITAT FOR HUMANITY CENTRAL ARIZONA		74-2401708
	Number, street, and room or suite no If a P O box, see instructions.		For IRS use only
	9133 NW GRAND AVENUE #1		
	City, town or post office, state, and ZIP code For a foreign address, see instructions		
	PEORIA, AZ 85345		

Check type of return to be filed (File a separate application for each return).

[X]	Form 990	[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 6069
[ ]	Form 990-BL	[ ]	Form 990-T (sec 401(a) or 408(a) trust)	[ ]	Form 4720	[ ]	Form 8870
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 5227		

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ THE ORGANIZATION
  Telephone No ▶ 602 583-2417 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ [ ] If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 05/17/2010.

5 For calendar year _____, or other tax year beginning 07/01/2008, and ending 06/30/2009.

6 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ Date ▶ 1/27/2010

CBIZ MHM, LLC
3101 N. CENTRAL AVE., STE 300
PHOENIX, AZ 85012

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ ☐

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

Electronic Filing ***(e-file).*** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	HABITAT FOR HUMANITY CENTRAL ARIZONA	74-2401708
	Number, street, and room or suite no If a P O box, see instructions 9133 NW GRAND AVENUE #1	
	City, town or post office, state, and ZIP code For a foreign address, see instructions PEORIA, AZ 85345	

Check type of return to be filed (file a separate application for each return)

X	Form 990	☐	Form 990-T (corporation)	☐	Form 4720
☐	Form 990-BL	☐	Form 990-T (sec 401(a) or 408(a) trust)	☐	Form 5227
☐	Form 990-EZ	☐	Form 990-T (trust other than above)	☐	Form 6069
☐	Form 990-PF	☐	Form 1041-A	☐	Form 8870

- The books are in the care of ▶ THE ORGANIZATION

Telephone No ▶ 602 583-2417 FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . ▶ ☐ If it is for part of the group, check this box . . ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15 , 2010 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ ☐ calendar year _____ or
▶ X tax year beginning 07/01 , 2008 , and ending 06/30 , 2009

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)