



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2011

Open to Public Inspection

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

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 AVE NO 1

Room/suite

City or town, state or country, and ZIP + 4

PEORIA, AZ 85345

F Name and address of principal officer

ROGER G SCHWIERJOHN

9133 NW GRAND AVE NO 1

PEORIA, AZ 85345

D Employer identification number

74-2401708

E Telephone number

(623) 583-2417

G Gross receipts \$ 14,751,878

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW HABITATCAZ ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1985

M State of legal domicile AZ

Part I	Summary																																
Activities & Governance	1 Briefly describe the organization's mission or most significant activities BUILDING SIMPLE, DECENT AND AFFORDABLE HOMES IN PARTNERSHIP WITH FAMILIES IN NEED																																
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																																
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>26</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>26</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>5</td><td>77</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>10,375</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	26	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	77	6	Total number of volunteers (estimate if necessary)	6	10,375	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0								
	3	Number of voting members of the governing body (Part VI, line 1a)	3	26																													
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26																													
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	77																													
	6	Total number of volunteers (estimate if necessary)	6	10,375																													
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0																													
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0																													
	<table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>4,599,421</td><td>4,274,839</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>3,055,628</td><td>2,468,922</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>62,382</td><td>128,750</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>-150,879</td><td>367,616</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>7,566,552</td><td>7,240,127</td></tr></table>		Prior Year	Current Year	8	Contributions and grants (Part VIII, line 1h)	4,599,421	4,274,839	9	Program service revenue (Part VIII, line 2g)	3,055,628	2,468,922	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,382	128,750	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-150,879	367,616	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,566,552	7,240,127									
	Prior Year	Current Year																															
8	Contributions and grants (Part VIII, line 1h)	4,599,421	4,274,839																														
9	Program service revenue (Part VIII, line 2g)	3,055,628	2,468,922																														
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,382	128,750																														
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-150,879	367,616																														
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,566,552	7,240,127																														
Expenses	<table><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>6,117,098</td><td>4,043,419</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>2,309,363</td><td>2,390,681</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) ▶633,749</td><td></td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>545,040</td><td>639,991</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>8,971,501</td><td>7,074,091</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>-1,404,949</td><td>166,036</td></tr></table>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,117,098	4,043,419	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,309,363	2,390,681	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b	Total fundraising expenses (Part IX, column (D), line 25) ▶633,749			17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	545,040	639,991	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,971,501	7,074,091	19	Revenue less expenses Subtract line 18 from line 12	-1,404,949	166,036
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,117,098	4,043,419																													
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0																													
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,309,363	2,390,681																													
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0																													
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶633,749																															
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	545,040	639,991																													
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,971,501	7,074,091																														
19	Revenue less expenses Subtract line 18 from line 12	-1,404,949	166,036																														
Net Assets or Fund Balances	<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>27,966,365</td><td>27,758,784</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>7,454,792</td><td>6,728,365</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>20,511,573</td><td>21,030,419</td></tr></table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	27,966,365	27,758,784	21	Total liabilities (Part X, line 26)	7,454,792	6,728,365	22	Net assets or fund balances Subtract line 21 from line 20	20,511,573	21,030,419																	
		Beginning of Current Year	End of Year																														
	20	Total assets (Part X, line 16)	27,966,365	27,758,784																													
	21	Total liabilities (Part X, line 26)	7,454,792	6,728,365																													
22	Net assets or fund balances Subtract line 21 from line 20	20,511,573	21,030,419																														

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

2013-02-09

Date

ROGER G SCHWIERJOHN CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

JACQUELINE ECKMAN

Date

Firm's name (or yours if self-employed), address, and ZIP + 4

CLIFTONLARSONALLEN LLP

20 EAST THOMAS ROAD SUITE 2300

PHOENIX, AZ 85012

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P01300648

EIN

▶ 41-0746749

Phone no

▶ (602) 266-2248

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

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

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

4a	(Code)	(Expenses \$)	5,878,773	including grants of \$	4,043,419	(Revenue \$)	2,390,029
		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 11-12 WE BUILT 24 NEW HOMES, RENOVATED 16 HOMES AND REPAIRED 304 HOMES -AVONDALE WE COMPLETED 3 HOMES IN HILLCREST VILLAGE, OUR 37-HOME COMMUNITY HILLCREST VILLAGE OFFERS THREE TO FIVE-BEDROOM SINGLE-FAMILY DETACHED HOMES WITH GARAGE AND A HOA -APACHE JUNCTION WE RENOVATED ONE VACANT FORECLOSED HOME -MESA SIX INFILL HOMES WERE COMPLETED THE FUNDING FOR THE LOT PURCHASES WAS PROVIDED BY THE CITY OF MESA HOME FUNDS -CHANDLER ONE SINGLE FAMILY DETACHED HOME WAS COMPLETED IN CHANDLER THIS HOME WILL BE LEED SILVER CERTIFIED, ALLOWING HABITAT TO RECEIVE FULL REIMBURSEMENT FROM THE CITY OF CHANDLER FOR THE PERMITTING FEES ONE VACANT FORECLOSED HOME WAS RENOVATED AND WILL BE CERTIFIED LEED PLATINUM -GLENDALE WE COMPLETED FOUR NEW HOMES AND RENOVATED TWO VACANT FORECLOSED HOMES -PEORIA FIVE VACANT FORECLOSED HOMES WERE RENOVATED AND ONE NEW HOME WAS BUILT -PHOENIX WE COMPLETED SEVEN RENOVATIONS OF VACANT FORECLOSED HOMES ONE NEW HOME WAS BUILT ON AN INFILL LOT THIS HOME WAS BUILT IN PARTNERSHIP WITH THE CITY OF PHOENIX YOUTHBUILD PROGRAM AND WILL BE CERTIFIED LEED PLATINUM THREE HOMES WERE COMPLETED IN OUR VISTA DEL SOL SUBDIVISION THESE HOMES WILL BE LEED CERTIFIED SILVER -SURPRISE HABITAT CONTINUED BUILDING IN JOHNSON TOWNHOMES WITH THE CONSTRUCTION OF 5 MORE UNITS, COMPLETING A TOTAL OF 39 OF THE PLANNED 48 TOWNHOMES THESE TOWNHOMES WILL BE CERTIFIED LEED SILVER -RENOVATION/REPAIR HABITAT RENOVATED A TOTAL OF 16 HOMES THAT HAD BEEN VACANT AND FORECLOSED IN ADDITION, WE BEGAN OUR A BRUSH WITH KINDNESS PROGRAM (A NEIGHBORHOOD REVITALIZATION INITIATIVE) AND BECAME THE PROVIDER FOR THE CITY OF GLENDALE EMERGENCY HOME REPAIR PROGRAM IN TOTAL, 304 HOMES WERE REPAIRED ADDITIONALLY -WE PARTNERED WITH 10,375 VOLUNTEERS WHO SPENT 105,445 VOLUNTEER HOURS TO HELP WITH HOME CONSTRUCTION, PROPERTY MAINTENANCE, COMMITTEE WORK, OFFICE SUPPORT, OUTREACH, AND CUSTOMER SERVICE SUPPORT IN OUR RESTORES BECAUSE OF THEIR DEDICATION TO THE HABITAT MISSION, HABITAT HAS REALIZED A LABOR SAVINGS OF \$1,380,899 -WE SERVED MORE THAN 79,800 CUSTOMERS AT OUR FOUR RESTORE LOCATIONS, WHICH GENERATED OVER \$442,000 TO HELP FURTHER OUR MISSION -WE HAVE BECOME A RECOGNIZED LEADER IN THE CONSTRUCTION AND REHABILITATION OF HOMES THAT ARE REGISTERED AS LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) CERTIFICATION 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 41% 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 200 - 400 HOURS OF SWEAT EQUITY TOWARDS THE BUILDING OF HABITAT HOMES -ATTEND REQUIRED WORKSHOPS FOR SUCCESS IN HOMEOWNERSHIP HOMEOWNERS RECEIVE HOMEOWNERSHIP AND FINANCIAL FITNESS TRAINING WHICH COVERS 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 11-12 INCLUDE THE FOLLOWING -HELD 12 COMMUNITY PRESENTATIONS -DEVELOPED 57 NEW COMMUNITY PARTNERSHIPS -RESPONDED TO MORE THAN 2,790 INQUIRIES (WEBSITE, WALK-INS, PHONE CALLS) -PRE-SCREENED 199 APPLICANTS -COMPLETED 55 HOME VISITS-QUALIFIED 57 APPLICANTS -REFERRED 141 FAMILIES TO OTHER PROGRAMS AND/OR SERVICES -PREPARED 54 FAMILIES FOR FUTURE HOME-OWNERSHIP IN THE COMING YEAR -SERVED 35 FAMILIES (103 INDIVIDUALS - 56 CHILDREN AND 47 ADULTS) OF WHICH 62% WERE HISPANIC, 17% WERE AFRICAN-AMERICAN, 05% WERE CAUCASIAN AND 14% WERE MULTI-NATIONAL					

[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	Yes
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	Yes
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V ☐		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a144
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
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	2a77
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aNo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4aNo
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6aNo
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7aYes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7bYes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9	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
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b
c	Enter the aggregate amount of reserves on hand	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AZ
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	HOLLY BAIRD 9133 NW GRAND AVE STE 1 PEORIA, AZ 85345 (623) 583-2417

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) LARRY GUDIS CHAIRPERSON	2 00	X		X				0	0	0
(2) JIM PHELPS VICE-CHAIR	2 00	X		X				0	0	0
(3) HEIDE ROSE SECRETARY	2 00	X		X				0	0	0
(4) EVA CHADWICK TREASURER	2 00	X		X				0	0	0
(5) ROBYN ANDERSON DIRECTOR	2 00	X						0	0	0
(6) THOMAS ANSEL DIRECTOR	2 00	X						0	0	0
(7) KATHLEEN CROWLEY DIRECTOR	2 00	X						0	0	0
(8) DAVID DECERO DIRECTOR	2 00	X						0	0	0
(9) TIM DISBROW DIRECTOR	2 00	X						0	0	0
(10) JOSE A FREIG DIRECTOR	2 00	X						0	0	0
(11) ANNA B GARCIA DIRECTOR	2 00	X						0	0	0
(12) KIM HUMPHREY DIRECTOR	2 00	X						0	0	0
(13) JOAN JAYNES DIRECTOR	2 00	X						0	0	0
(14) STANTON JOHNSON DIRECTOR	2 00	X						0	0	0
(15) THRUMAN JUDD DIRECTOR	2 00	X						0	0	0
(16) FREDERICK LAKE DIRECTOR	2 00	X						0	0	0
(17) JACQUELINE METCALF DIRECTOR	2 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) OWEN MOORHEAD DIRECTOR	2 00	X						0	0	0
(19) VICTOR NEWTON DIRECTOR	2 00	X						0	0	0
(20) BOB RASMUSSEN DIRECTOR	2 00	X						0	0	0
(21) GIL RODRIGUEZ DIRECTOR	2 00	X						0	0	0
(22) RYAN ROSENSTEEL DIRECTOR	2 00	X						0	0	0
(23) CORKY SILVER DIRECTOR	2 00	X						0	0	0
(24) DAVE SPRENTALL DIRECTOR	2 00	X						0	0	0
(25) MICHAEL J TOIA DIRECTOR	2 00	X						0	0	0
(26) JEFFREY GARZA WALKER DIRECTOR	2 00	X						0	0	0
(27) ROGER SCHWIERJOHN PRESIDENT/CEO	45 00			X				100,000	0	10,001
(28) HOLLY BAIRD CFO	40 00			X				78,000	0	14,190
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								178,000	0	24,191

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GUILIAM CONCRETE INC PO BOX 1297 GILBERT, AZ 85299	CONCRETE	287,118
CHAS ROBERTS AIR CONDITIONING 9298 N 19TH AVE PHOENIX, AZ 85021	AIR CONDITIONING	178,770
THE PRODUCTION CHOICE PO BOX 1297 GILBERT, AZ 85299	PLUMBING AND CONCRETE	165,589
TOP QUALITY MASONARY 3035 S 35TH AVE PHOENIX, AZ 85009	BLOCK WALL INSTALLATION	113,580
SIERRA STUCCO 1320 N ACACIA DR GILBERT, AZ 85233	STUCCO INSTALLATION	105,434
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 6		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	90,370				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,298,632				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,885,837				
	g	Noncash contributions included in lines 1a-1f \$ 2,838,152						
	h	Total. Add lines 1a-1f		4,274,839				
Program Service Revenue			Business Code					
	2a	HOME TRANSFERS	230000	2,355,498	2,355,498			
	b	HOME REPAIR PROGRAM	811000	113,424	113,424			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		2,468,922				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		8,121			8,121	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		Gross rents						
		b Less rental expenses						
		c Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	168,178	2,832,973				
		b Less cost or other basis and sales expenses	175,014	2,705,508				
		c Gain or (loss)	-6,836	127,465				
	d	Net gain or (loss)		120,629			120,629	
	8a	Gross income from fundraising events (not including \$ 90,370 of contributions reported on line 1c) See Part IV, line 18	a	23,886				
	b	Less direct expenses	b	47,421				
	c	Net income or (loss) from fundraising events . .		-23,535			-23,535	
	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 . .						
	10a	Gross sales of inventory, less returns and allowances	a	5,030,379				
b	Less cost of goods sold . . .	b	4,583,808					
c	Net income or (loss) from sales of inventory . .		446,571			446,571		
Miscellaneous Revenue		Business Code						
11a	OTHER INCOME	900099	23,473			23,473		
b	LATE PAYMENT PENALTIES	531390	18,701	18,701				
c	GAIN ON SUBORDINATE LI	531390	16,102	16,102				
d	All other revenue		-113,696	-113,696				
e	Total. Add lines 11a-11d		-55,420					
12	Total revenue. See Instructions		7,240,127	2,390,029	0	575,259		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	4,043,419	4,043,419		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	207,016	103,508	103,508	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,690,240	798,331	432,283	459,626
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	50,706	23,949	12,968	13,789
9	Other employee benefits	277,039	145,939	79,758	51,342
10	Payroll taxes	165,680	73,805	54,513	37,362
11	Fees for services (non-employees)				
a	Management				
b	Legal	22,050	2,171	19,879	
c	Accounting	30,058		30,058	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	93,080	93,080		
12	Advertising and promotion				
13	Office expenses	110,362	13,213	37,559	59,590
14	Information technology				
15	Royalties				
16	Occupancy	175,505	33,380	142,125	
17	Travel	37,362	19,804	7,416	10,142
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	52,612	15,656	36,956	
21	Payments to affiliates	74,518	74,518		
22	Depreciation, depletion, and amortization	47,603	18,443	26,849	2,311
23	Insurance	118,213	88,615	29,598	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MISC EXPENSES	245,404	138,147	37,456	69,801
b	OVERHEAD APPLIED	-8,142	551,429	-489,357	-70,214
c	TRANSFERRED TO CONSTRU	-358,634	-358,634		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	7,074,091	5,878,773	561,569	633,749
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,669,475	1	1,818,712
	2	Savings and temporary cash investments			948,589	2	574,850
	3	Pledges and grants receivable, net			1,432,616	3	1,389,687
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			226,343	8	244,303
	9	Prepaid expenses and deferred charges			189,242	9	206,885
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	7,210,082			
	b	Less: accumulated depreciation	10b	704,645	6,544,349	10c	6,505,437
	11	Investments—publicly traded securities			180,044	11	185,264
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			16,775,707	13	16,833,646
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			27,966,365	16	27,758,784
Liabilities	17	Accounts payable and accrued expenses			683,916	17	738,719
	18	Grants payable				18	
	19	Deferred revenue			3,631,761	19	3,195,519
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			96,301	21	55,052
	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			2,625,774	23	2,585,042
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			417,040	25	154,033
	26	Total liabilities. Add lines 17 through 25			7,454,792	26	6,728,365
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			19,643,319	27	20,428,861
	28	Temporarily restricted net assets			793,093	28	533,887
	29	Permanently restricted net assets			75,161	29	67,671
	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			20,511,573	33	21,030,419
	34	Total liabilities and net assets/fund balances			27,966,365	34	27,758,784

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,240,127
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,074,091
3	Revenue less expenses Subtract line 2 from line 1	3	166,036
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,511,573
5	Other changes in net assets or fund balances (explain in Schedule O)	5	352,810
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	21,030,419

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization HABITAT FOR HUMANITY CENTRAL ARIZONA	Employer identification number 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 (For lines 1 through 11, check only one box)

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,573,583	9,084,382	7,123,930	4,599,421	4,274,839	27,656,155
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,573,583	9,084,382	7,123,930	4,599,421	4,274,839	27,656,155
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						27,656,155

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,573,583	9,084,382	7,123,930	4,599,421	4,274,839	27,656,155
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	71,887	23,222	16,180	12,744	8,121	132,154
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	5,540	33,828	68,788	27,826	58,276	194,258
11 Total support (Add lines 7 through 10)						27,982,567

12 Gross receipts from related activities, etc (See instructions)

1237,277,848

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	98.830%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98.820%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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

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

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

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

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

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 for any other purpose conferring impermissible private benefit ☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,716,150		1,716,150
b Buildings		5,020,801	372,986	4,647,815
c Leasehold improvements				
d Equipment		320,028	218,161	101,867
e Other		153,103	113,498	39,605
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				6,505,437

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	17,240,127
2	Total expenses (Form 990, Part IX, column (A), line 25)	27,074,091
3	Excess or (deficit) for the year Subtract line 2 from line 1	3166,036
4	Net unrealized gains (losses) on investments	42,870
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	92,870
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10168,906

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	17,236,718
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a2,870	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d7,490	
e	Add lines 2a through 2d	2e10,360
3	Subtract line 2e from line 1	37,226,358
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 7b4a	
b	Other (Describe in Part XIV)4b13,769	
c	Add lines 4a and 4b	4c13,769
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	57,240,127

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	16,999,573
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d	2e0
3	Subtract line 2e from line 1	36,999,573
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 7b4a	
b	Other (Describe in Part XIV)4b74,518	
c	Add lines 4a and 4b	4c74,518
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	57,074,091

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE ORGANIZATION RECEIVES AMOUNTS FROM THEIR HOMEOWNERS FOR INSURANCE, PROPERTY TAXES AND HOME MAINTENANCE. THESE AMOUNTS ARE USED ARE USED TO PAY AMOUNTS AS THEY BECOME DUE.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S POLICY PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE IMPLEMENTATION OF THIS POLICY HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN DEFERRED GIFTS 7,490
PART XII, LINE 4B - OTHER ADJUSTMENTS		GAIN ON SALE OF MORTGAGES 127,465. LOSS ON IMPAIRMENT -113,696. OTHER INCOME.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		CONTRIBUTION TO HABITAT FOR HUMANITY INTERNATIONAL 74,518
		SCHEDULE D, PART X. THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S POLICY PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE IMPLEMENTATION OF THIS POLICY HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

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

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

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 services?

☒ 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
ALPHA DOG 25940 COLORETTI COURT VALENCIA, CA 91355	DIRECT MAIL CAMPAIGN		No	169,940	56,996	112,944
Total ▶				169,940	56,996	112,944

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.

Revenue			(a) Event #1 BLUEPRINTS AND BLUE JEANS (event type)	(b) Event #2 CHIP IN FOR HUMANITY GOLF CLASSIC (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
	1	Gross receipts	82,833	31,200	223	114,256
	2	Less Charitable contributions	71,033	19,337		90,370
	3	Gross income (line 1 minus line 2)	11,800	11,863	223	23,886
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes . . .	15,542	8,308		23,850
	6	Rent/facility costs . .		7,310		7,310
	7	Food and beverages . .	13,734			13,734
	8	Entertainment				
	9	Other direct expenses .	2,110	193	224	2,527
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				(47,421)
	11	Net income summary Combine lines 3 and 10 in column (d) ▶				-23,535

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.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	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) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 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?

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 events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

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?

Yes

No

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 \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

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?

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) HOUSING ASSISTANCE	35		4,043,419	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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 MONITORING GRANTS PROCEDURES SCHEDULE I, 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, ADJUSTED FOR FAMILY SIZE - HAVE A TWO-YEAR HISTORY OF STABLE INCOME - MONTHLY LONG-TERM DEBT PAYMENTS, INCLUDING PROSPECTIVE MORTGAGE PAYMENT, ARE LESS THAN 41% 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 200 - 400 HOURS OF SWEAT EQUITY TOWARDS THE BUILDING OF HABITAT HOMES - ATTEND REQUIRED WORKSHOPS FOR SUCCESS IN HOMEOWNERSHIP 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 M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2011

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 or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		2,462,684	SALES PRICE
6 Cars and other vehicles	X	1	750	FAIR VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	7,375	FAIR VALUE
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	6	114,000	APPRAISED VALUE
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 ► (GIFT CARDS)	X	3	8,125	VALUE OF CARD
26 Other ► (BUILDING SERVICES)	X	3	12,960	STANDARD COST
27 Other ► (BUILDING SERVICES)	X	423	211,510	STANDARD COST
28 Other ► (DONATIONS FOR SPECIAL EVENTS)	X	121	20,748	RETAIL VALUE OF ITEMS
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			4
30a During the year, did the organization receive by contribution any property reported in Part I, lines 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			No
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	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a			No
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 III

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.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number

74-2401708

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	HABITAT FOR HUMANITY CENTRAL ARIZONA BEGAN ITS NEIGHBORHOOD REVITALIZATION INITIATIVE AND BECAME THE PROVIDER FOR THE CITY OF GLENDALE'S EMERGENCY HOME REPAIR PROGRAM IN TOTAL 304 FAMILIES WERE SERVED THROUGH OUR REPAIR EFFORTS
	FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE IS PRESENTED THE DRAFT FORM 990 PRIOR TO FILING THE BOARD OF DIRECTORS IS THEN PRESENTED THE DRAFT FOR THEIR REVIEW AND APPROVAL ONCE APPROVED, THE CHIEF OPERATING OFFICER NOTIFIES THE OUTSIDE TAX PREPARER TO FINALIZE THE FORM 990
	FORM 990, PART VI, SECTION B, LINE 12C	IF ANY CONFLICTS ARISE, THEY ARE SUBMITTED TO THE SECRETARY UPON THE DISCLOSURE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST OF A DIRECTOR, OFFICER OR STAFF PERSON, THE BOARD SECRETARY WILL DISCLOSE THE CONFLICT TO THE BOARD WHO CAN THEN VOTE ON THE CONFLICT WITH THE PERSON IN QUESTION EXCUSED FROM THE ROOM WITH THE MINUTES REFLECTING THE VOTE AND THAT THE INTERESTED PARTY DID NOT TAKE PART IN THE VOTE
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS DETERMINED BY COMPARABILITY DATA AND SALARY SURVEYS FROM LOCAL SIMILAR NON-PROFITS THE SALARY IS APPROVED BY THE PERSONNEL COMMITTEE THE MOST RECENT YEAR IN WHICH THE PROCESS INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION WAS 2007
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE OR UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 2,870 PRIOR PERIOD ADJUSTMENTS 349,940 TOTAL TO FORM 990, PART XI, LINE 5 352,810
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

Additional Data

Software ID:
Software Version:
EIN: 74-2401708
Name: HABITAT FOR HUMANITY CENTRAL ARIZONA

Form 990, Special Condition Description:

Special Condition Description
