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Form

Department of the Treasury

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 Open to Public

	everiue Service	The organization may have to use a copy of this return to satisfy state	_ ` _ ` .		Haberdon
A Fo	r the 2011 c	alendar year, or tax year beginning $07/01/11$, and ending $06/30/1$	12		
B Chec	k if applicable	C Name of organization	i	D Employ	er identification number
Addr	ess change	NEWTOWN COMMUNITY DEVELOPMENT CORP			
Nam	e change	Doing Business As		86-	0793043
\exists	·	Number and street (or P O box if mail is not delivered to street address	Room/suite	E Telepho	one number
Initia	l return	511 WEST UNIVERSITY DRIVE	4	480	-517-1589
Term	ninated	City or town, state or country, and ZIP + 4			
Ame	nded return	TEMPE AZ 85281		G Gross rece	epts \$ 3,749,715
\equiv	'	F Name and address of principal officer	T		
Appli	ication pending	ALLEN L. CARLSON	H(a) Is this a gro	oup return for a	affiliates? Yes X No
		511 WEST UNIVERSITY DRIVE, SUITE 4	H(b) Are all affil	ates included	? Yes No
		TEMPE AZ 85281	If "No,"	" attach a list	(see instructions)
I Tav	-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	1		
		WW.NEWTOWNCDC.ORG	H(c) Group exe	motion numbe	er 🕨
	n of organization			994	M State of legal domicile AZ
Part		mmary			in otate or logal dominio 1 111
		scribe the organization's mission or most significant activities			
	-	OWN'S MISSION IS TO INCREASE THE SUPPLY OF PERMANEN!	TLY AFFORD	ARLE	
ဦ		ING WHILE DEVELOPING AND SUPPORTING HOMEBUYERS THROU			
0 7Activities & Governance		RAMS AND PARTNERSHIPS.	JOI 111110111		
ě		re-	of its not assets		
ဖိ	2 Check the	s box ▶ If the organization discontinued its operations or disposed of more than 25% of voting members of the governing body (Part VI, line 1a)	or its riet assets	3	12
රේ ග				4	12
≝		of independent voting members of the governing body (Part VI, line 1b)		5	12
		iber of individuals employed in calendar year 2011 (Part V, line 2a)		<u> </u>	20
ا کی		aber of volunteers (estimate if necessary)		6	0
		elated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrei	ated business taxable income from Form 990-T, line 34	Prior Year	7b	Current Year
CANNED UDEC	R Contribut	ons and grants (Part VIII, line 1h)	1,060		1,658,425
<u></u>		service revenue (Part VIII, line 2g)		2,145	33,380
رةً ا	-	nt income (Part VIII, inite 2g)		2	1
<u> </u> 2€		· · · · · · · · · · · · · · · · · · ·	-29	7,357	-584,752
		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,858	1,107,054
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0	<u> </u>
		id similar amounts paid (Part IX, column (A), lines 1–3)			
· '		paid to or for members (Part IX, column (A), line 4)	110	7,395	420,310
a l		other compensation, employee benefits (Part IX, column (A), lines 5–10)	33(0	420,310
ר פֿ		nal fundraising fees (Part IX, column (A), line 11e)			<u></u>
. 없		draising expenses (Part IX, column (D), line 25) ▶ 0	205	5,852	239,830
	7 Other exp	enses (Part IX, column (A), lines 11a–11d, 11f–24e)			660,140
1	8 Total exp	enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12 RECEIVED		5,247 3,611	446,914
1	9 Revenue	less expenses Subtract line 18 from line 12	Beginning of Curr		End of Year
Net Assets or Fund Balances	.0 Total ass	ا اها	5,070		5,307,236
Balc		ets (Part X, line 16) lities (Part X, line 26)		1,823	1,671,663
題。		s or fund balances Subtract line 21 from line 20		3,659	3,635,573
Part		gnature Block OGDEN IIT	3,100	, 005	3/000/010
		TODE IT. O	and to the best of	mu knoudos	Igo and holiof it is
		erjury, I declare that I have examined this return, including accompanying schedules and statements mplete. Declaration of preparer (other than officer) is based on all information of which preparer has		my knowiec	ige and belief, it is
		Add Lande		1 , ,	113/2012
Cian	 	ignature of officer		Date	113/2012
Sign		Allen L Carlson Executive Dine	1701	22.5	
Here	- D -	ype or print name and title	270.0		
			Date	Charat	f PTIN
Paid				Check	□"
Prepar	or —	L. TAIT	· ·	/12 self-em	
Use Or	Pullistra		Fı	rm's EIN	86-0257194
use UI	·	3838 N CENTRAL AVE STE 1700			602-220. 1040
	Firm's add		PI	none no	602-230-1040
		s this return with the preparer shown above? (see instructions)			X Yes No
For Pa	perwork Re	duction Act Notice, see the separate instructions.			Form 990 (2011)

DAA

P	art 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 (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	_4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"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, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ŀ		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule, I, Parts I and III 21 X 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 27 if "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part IVI, Section A. Iline 3.4, or 5 a should compensated employee, 27 "I'ves," complete Schedule I, Part II 3 and III 22 X 24 Did the organization haves a lax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," inniver line 24b through 24d and complete Schedule IX II No." go to line 25 Did the organization moves any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization moves any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization moves any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization moves any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization manual manua		Checkist of Required Schedules (continued)		T.,	T
in the United States on Part IX, Column (A), line 17 if "Yes", complete Schedule I, Parts I and II 21 Det the organization ranswer "Yes" to Part VII, Section A, line 3, 4, or 3 about compensation optimized to provide a program of the organization ranswer "Yes" to Part VII, Section A, line 3, 4, or 3 about compensation of the organization current and former officers, director, itsuses, key employees, and highest compensated engagement of the organization for current and former officers, director, itsuses, key employees, and highest compensated sengations are set to the set of	24	Did the ergenization report more than \$5,000 of grants and other assistance to any government or ergonization		Yes	No
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on Part IX, Column (A), Ime 2° II "Yes," Complete Schedule I. Parts I and III 27 Did the organization answer "Yes" to Part VII, Section A. Ine 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and an organization have a tex-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the list day of the year, that was issued after December 31, 2002? If "Yes,", answer lines 24b through 24d and complete Schedule K if "No.", go to line 25 Did the organization minest any proceeds of fax-exempt bonds beyond a temporary period exception? 24d Did the organization minest any proceeds of fax-exempt bonds beyond a temporary period exception? 24d Did the organization minest any proceeds of fax-exempt bonds exemption? 24d Did the organization minest any proceeds of fax-exempt bonds outstanding at any time during the year 15d Did the organization and san on the ball off issuer for bonds outstanding at any time during the year 15d Did the organization and san on the ball off issuer for bonds outstanding at any time during the year 15d Did the organization and san on the ball off issuer for bonds outstanding at any time during the year 15d Did the organization and san on the ball off issuer for bonds outstanding at any time during the year 15d Did the organization and san on the part of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990-E2? 15d If "yes," complete Schedule L, Part II 25d Was a boan to or by a current or former officer, director, trustee, key employee. 25d Use organization provide a grant or other assistance to an officer, director, trustee, key employee. 25d Was the organization to ordinate organization with an of the following parties (see Schedule L, Part II) 26d Was the organization to cover contribution of an organization in the orga	22				
23 Det the organization answer "Ves" to Part VII, Section A, live 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Edu but the vary that was issued after December 31, 2002? If "Yes," arewer lines 24b through 24d and complete Schedule K If "No." go to line 25 Dot the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any trace-exempt bonds? Dot the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any trace-exempt bonds? Dot the organization maintain an escrow account other than a refunding escrow at any time during the year? Dot the organization and at as an "on behalf of issuer for bonds outstanding at any time during the year? Dot the organization are that it engaged in an excess benefit transaction what a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 pror Forms 990 or 990-E22 if "Yes," complete Schedule L, Part I 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 pror Forms 990 or 990-E22 if "Yes," organization provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified person outstanding as of the end of the organization is key year? If "Yes," complete Schedule L, Part II is 25 but the year and year that the part I is 25 but the year and yea			22		x
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employee? If "Yes," complete Schedule J 24					
24a Dd the organization have a tinx-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 lines 24b through 24d and complete Schedule K if "No." go to line 25 Did the organization invest any proceeds of itax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of itax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any accessing the second of the second at a temporary period exception? 24d Did the organization invest any accessing the second of the seco			23	ł	x
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to defease any tax-exempt bonds? 246 258 261 262 262 263 262 263 264 263 264 264 265 264 265 26					
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 601(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of warring the year? "It'ves," complete Schedule L, Part I 25b X 25b 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 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 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 A Current or former officer, director, instee, or key employee? If "Yes," complete Schedule L, Part IV 28 A Carmily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A Carmily of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I 20 Did the organization re	Ŭ	· · · · · · · · · · · · · · · · · · ·	24c		
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related organization? If "Yes," complete Schedule R, Part V, line 2 36	26		330	 	
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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	30		26		×
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	27		30	\vdash	 ^
Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	3/				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			27		y .
	20		3/		 ^
	30		20	y	

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ra	THE STATEMENTS REGARDING UTNER INS FILINGS and Tax Compliance Chock if School Questions a response to any question in this Bort V			
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		. 03	_ _
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	\neg		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
	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 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			İ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		<u> </u>
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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.	0.5		
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	30	•••••	
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a 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			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 12 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 X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? $\overline{\mathbf{x}}$ 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 9 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b 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 ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization > NEWTOWN COMMUNITY DEVELOPMENT CORP 511 WEST UNIVERSITY DRIVE #4

480-517-1589

AZ 85281

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

(A) Name and Title	(B) Average hours per week (describe hours for	bo	x, unte ficer a	Pos check ess pe nd a d	rson :	than or s both	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2 1000 till (U)	organization and related organizations
(1) GREG WESSEL					ļ					
CHAIRMAN	2.00	X		X				0	0	0
(2) BARBARA BOONE			İ							_
VICE CHAIR	2.00	X		X		Ш		0	0	0
(3) PEN JOHNSON									_	
SECRETARY	2.00	X		X				0	0	0
(4) LINDA SPEARS				İ						
TREASURER	2.00	X		X				0	0	0
(5) NICK MINER			İ							
PAST-CHAIR	2.00	X				Ш		0	0	0
(6) CLARA ALI			Ì							•
DIRECTOR	2.00	X	ļ			Ш		0	0	0
(7) PHIL AMOROSI			ŀ							_
DIRECTOR	2.00	X				H		0	0	0
(8) DEBBIE RAHN										0
DIRECTOR	2.00	X	ļ			-		0	0	
(9) BRET GILES	0.00	x						0	0	0
DIRECTOR	2.00	X	<u> </u>	<u> </u>	-	├─┤		U		0
(10) JULIANNA MARTINI DIRECTOR	2.00	x						0	0	o
(11) MIKE PATTEN	2.00	^				\vdash		<u> </u>	- 0	
DIRECTOR	2.00	x						0	0	О
(12) MARK RICHWINE	2.00	┢		┝						
DIRECTOR	2.00	x						0	0	0
(13) ALLEN CARLSON	2.00	1		<u> </u>		\vdash				
EXECUTIVE DIRECTOR	40.00			x				90,262	0	0
EAECULIVE DIRECTUR	. 30.00	•							- O	

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Form **990** (2011)

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, Ke	y Et	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (describe hours for	bo	x, unl	Pos check ess pe nd a c	erson i	than o	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estima amoun other ompens from ti	of ation	
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1.2.100.1110)	1	organiza and rela organiza	tion ted	
(15)														
(16)														
(17)							-							
(18)						-								
(19)														
(20)						-					-			
(21)											 		_	
(22)											-			
(23)											 		-	-
(24)						-						-		
(25)										, .		•		
1b	Sub-total	1	1	<u> </u>		<u> </u>			90,262		<u> </u>			
c d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A				>	90,262					
2	Total number of individuals (increportable compensation from				ose	liste	d abo	ve)	who received more than \$10	00,000 ın				
													Yes	No
3	Did the organization list any for employee on line 1a? If "Yes," o	complete Schedu	le J	for s	uch i	ndıv	idual	_	-			3		x
4	For any individual listed on line organization and related organi individual									n the		4		x
5	Did any person listed on line 1a for services rendered to the org									lividual	-	5		х
Sec	tion B. Independent Contract		<u> </u>	Jp.	0.0		<u>uuio</u>	<u> </u>	r oddir porodii					
1	Complete this table for your five compensation from the organiz											 .		
	•	(A) business address								(B) tion of services		Cor	(C) npensa	tion
	P CONSTRUCTION HOENIX	AZ	8	50		172	:5 V		WILLIAMS DRIVE # RENOVATIONS	51			427	7,308
	AG CONSTRUCTION HOENIX	AZ	8	50		148	02		13TH PLACE RENOVATIONS				339	9,180
	Total number of independent co	ontractors (includ	ına h	out n	ot lin	nited	to th	L_ose	e listed above) who					•••••
-	received more than \$100,000 c	•	•							2				

Pa	rt V	III Staten	<u>nent of Reve</u>	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ 10	40	Fodorated com		40	······································			revenue	······································	312, 313, 01 314
ant	1a	Federated can		1a						
S S	D	Membership d		1b						
Ęş,	C	Fundraising ev		1c						
<u>@</u> ë	d	Related organi		1d						
a,ig	е	Government grants		1e	1,	625,370				
를 P	f	All other contribution								
Ę¥		and similar amounts	not included above	1f		33,055				
dit	g		ns included in lines 1a-	lf :	\$					
<u>ŏ ĕ</u>	<u>h</u>	Total. Add line	s 1a-1f				1,658,425			
Jue						Busn. Code				
Уe	2a	PROGRAM	FEES				33,380	33,380		
ă	b									
ξ	С									<u> </u>
Ser	þ									
аш	е									
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts	f	All other progra	am service reven	ue						
<u>~</u>	g	Total. Add line	s 2a-2f			<u> </u>	_33,380			
	3	Investment inc	ome (including d	ividend	ls, interes	t,				
		and other simil	lar amounts)			•	1			1
	4	Income from in	vestment of tax-	exemp	t bond pro	ceeds 🕨				
	5	Royalties				>				
			(ı) Real		(II) F	Personal				
	6a	Gross rents	58,	571						
	b	Less rental exps								
	С	Rental inc or (loss)	58,	571						
	_d	Net rental inco	me or (loss)			•	58,571			58,571
	7a	Gross amount from sales of assets	(i) Secunties		(u)	Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (los	ss)			•				
45	8a	Gross income fro	om fundraising even	ıts [
Other Revenue		(not including \$	_							
eve		of contributions r	eported on line 1c)							
Ř		See Part IV, line	18	a						
the	ь	Less direct ex	penses	ь						
0	С	Net income or	(loss) from fundr	aising	events	•	İ			
	9a	Gross income fro	om gaming activities	;						
		See Part IV, Ime	19	а						
	b	Less direct ex	penses	ь						
			(loss) from gamı	ng acti	vities	•				
		Gross sales of		ا ٽ						
		returns and alle	-	a	1,	999,338				
	b	Less cost of g		ь	_	642,661				
		_	(loss) from sales	of inve		•	-643,323	-643,323		
			cellaneous Revenue			Busn Code	· · · · · · · · · · · · · · · · · · ·	· ·		
	11a									
	b									
	C									
	d	All other reven	ue							
	е	Total. Add line								
	12		. See instruction	s		<u> </u>	1,107,054	-609,943	0	58,572

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		
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1			ехрепаез	general expenses	одельсь
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		_		
~	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	90,262	81,353	8,909	
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	262,508	236,580	25,928	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<u> </u>
10	Payroll taxes	67,540	59,888	7,652	
11	Fees for services (non-employees)				
а	Management				
b	Legal	360	360		
С	Accounting	37,616	32,222	5,394	
d	, ,				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	41 420	40 204	1 046	
g		41,430	40,384	1,046	
12	Advertising and promotion	20,398	17,460	2,938	
13	Office expenses	20,398	17,400	2,930	
14	Information technology				
15 16	Royalties Occupancy	30,322	27,648	2,674	
17	Travel	30,322	2,7010		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,875	3,875		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,797	4,221	576	_
23	Insurance	11,700	10,348	1,352	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а		60,000	60,000		
þ	DUES AND SUBSCRIPTIONS	13,019	12,689	330	
C	EQUIPMENT RENTAL & MAINT	8,703	8,306	397	
d	OTHER	4,629	3,652	977	
	All other expenses	2,981	1,170 600,156	1,811 59,984	0
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	660,140	800,136	35,304	
4 0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** (A) (B) End of year Beginning of year 190,967 307,798 1 Cash-non-interest bearing 6,324 <u>6,325</u> 2 Savings and temporary cash investments 2 1,900 Pledges and grants receivable, net 349,582 3 39,623 4 106,147 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 23,199 22,979 Notes and loans receivable, net 1,534,054 1,312,991 8 Inventones for sale or use 1,989 2,539 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 3,473,249 other basis Complete Part VI of Schedule D 10a 3,029,196 3,442,105 10c b Less accumulated depreciation 10b 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 5,070,482 5,307,236 Total assets. Add lines 1 through 15 (must equal line 34) 16 36,322 2,845 17 17 Accounts payable and accrued expenses 163,940 129,230 18 18 Grants payable 507,940 655,308 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 525,000 525,000 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 535,963 471,938 of Schedule D 25 1,881,823 1,671,663 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 1,209,908 207,367 27 Unrestricted net assets 1,978,751 3,428,206 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ 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 Retained earnings, endowment, accumulated income, or other funds 3,188,659 3,635,573 Total net assets or fund balances 33

Form 990 (2011)

5,307,236

5,070,482

Page 11

Total liabilities and net assets/fund balances

om	1990 (2011) NEWTOWN COMMUNITY DEVELOPMENT CORP 86-0793043			Pa	ge 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,10		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 140</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			914
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,18	38,	<u>659</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
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	3,63	<u>35,</u>	<u>573</u>
Pa	ut 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.				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
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 separate 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?		3a	X	
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		3b_	X	
			Fon	m 990	(2011)

SCHEDULE A ' (Form 990 or 990-EZ)

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

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

NEWTOWN COMMINITY DEVELOPMENT CORD

Employer identification number 86-0793043

			NEWTOWN COM	ONITI DEVELOPMEN	11 00	KE			00	013	3043			
P	art I	Reas	on for Public Charity	Status (All organizations r	must co	mplete 1	this pa	rt) Se	e instr	uction	S			
he	orgar	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)								
1	\Box	A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).							
2	П	A school des	cnbed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)										
3	П			e organization described in section	on 170(b)	(1)(A)(iii)).							
4	П		•	in conjunction with a hospital des	-)(A)(iii).	Enter th	ne hospi	ıtal's name	a.		
	ш	city, and state	-	conjunction with a mospital con				,,,,,,,,,				-,		
5	\Box	•		a college or university owned or	operated	by a dove	rnments	al unit de	scahed	ın				
,					operated	by a gove	er i i i i i i i i i i i i i i i i i i i	ii uiik de	SCHDEU	""				
_		-	(b)(1)(A)(iv). (Complete Part	•	·· - 470/	L.V.4.V.A.V.								
6	.		•	vernmental unit described in sec	•									
7	X	-	•	ubstantial part of its support from	a govern	mental un	nt or fron	n the ge	neral pu	iblic				
			section 170(b)(1)(A)(vi). (Co	·										
8	Щ	-		70(b)(1)(A)(vi). (Complete Part II										
9	Ш	An organizati	on that normally receives (1)	more than 33 1/3% of its suppor	t from cor	ntributions	s, membe	ership fe	es, and	gross				
		receipts from	activities related to its exemp	ot functions—subject to certain ex	ceptions,	and (2) r	no more t	than 33	1/3% of	ıts				
		support from	gross investment income and	d unrelated business taxable inco	me (less	section 5°	11 tax) fr	om busi	nesses					
		acquired by the	he organization after June 30	, 1975 See section 509(a)(2) . (Complete	Part III)								
10		An organizati	on organized and operated e	xclusively to test for public safety	See sec	tion 509(a)(4).							
11		An organizati	on organized and operated ex	xclusively for the benefit of, to per	rform the	functions	of, or to	carry ou	t the					
		purposes of o	one or more publicly supporte	d organizations described in sect	ion 509(a)(1) or se	ction 509	9(a)(2). S	See sec	tion				
		509(a)(3). Ch	neck the box that describes th	e type of supporting organization	and com	plete lines	s 11e thr	ough 11	h					
		a Type	l b Type II	c Type III-Functiona	ily integra	ted	d	Тур	e III-Otl	her				
е		By checking t	his box, I certify that the orga	nization is not controlled directly	or indirect	ly by one	or more	 dısqualı	fied per	sons				
		other than for	undation managers and other	than one or more publicly suppo	rted orgai	nizations o	describe	d in sect	ion 509	(a)(1)				
		or section 509	•		Ū					. , ,				
f			, , , ,	mination from the IRS that it is a	Type I. Ty	pe II. or T	voe III s	upportin	a					
•		_	check this box		.,,,,,,	, ,	7		3					\Box
~		_		on accepted any gift or contribution	on from ai	ny of the								
g		following per	· · · · · · · · · · · · · · · · · · ·	on docepted any gift or contribute	J. 11 U. 11 U.	ly or the								
				ntrols, either alone or together wit	h nomone	docembo	dua (u) a	nnd				ſ	Yes	No
			•		ii persons	GUCSCIDE	:U III (II) E	ai iu			ſ ₄ .	10(1)	100	
			w, the governing body of the s	• •								1g(i)		
		•	member of a person describe	• • • • • • • • • • • • • • • • • • • •								1g(ii)		
			ontrolled entity of a person de	,, ,,							[1]	1g(iii)		<u> </u>
h			ollowing information about the		T		T		1					
(1		e of supported anization	(ii) EIN	(III) Type of organization	1 ' '	organization sted in your		rou notify nization in	(vi) l organizat	s the	(vi	ı) Amo suppo		
	org	anzadon	i	(described on lines 1–9 above or IRC section	1 ''	document?		of your	(i) organi			эцрр	J11	
				(see instructions))	<u> </u>			ort?	 	S?				
					Yes	No	Yes	No	Yes	No				
A)					ŀ		l		l					
				•										
B)										}				
		 .												
C)														
				<u> </u>	<u>L</u>									
D)														
-														
E)		•												
•														
			E I	i	ł .	ŧ :	1	I	1	1				

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

	tion A. Public Support						
Cale	ndar 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")	141,633	128,086	209,380	1,060,068	1,658,425	3,197,592
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	13,200	13,200	11,000			37,400
4	Total. Add lines 1 through 3	154,833	141,286	220,380	1,060,068	1,658,425	3,234,992
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						3,234,992
Sec	tion B. Total Support			_			
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	154,833	141,286	220,380	1,060,068	1,658,425	3,234,992
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,711	664	75	39,207	58,572	103,229
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)						
11	Total support. Add lines 7 through 10						3,338,221
12	Gross receipts from related activities, etc. (s	see instructions)				12	2,032,718
13	First five years. If the Form 990 is for the o	organization's first, s	econd, third, fourth	h, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here						•
Sec	tion C. Computation of Public Su	pport Percenta	ige				
14	Public support percentage for 2011 (line 6,	column (f) divided b	y line 11, column (f))		14	96.91%
15	Public support percentage from 2010 Scheo	dule A, Part II, line 1	4			15	97.48%
16a	33 1/3% support test—2011. If the organiz	zation did not check	the box on line 13	, and line 14 is 33 1	/3% or more, chec	k this	
	box and stop here. The organization qualifi	es as a publicly sup	ported organizatio	n			▶ X
b	33 1/3% support test—2010. If the organiz	zation did not check	a box on line 13 o	r 16a, and line 15 is	s 33 1/3% or more,		. —
	check this box and stop here. The organiza	ation qualifies as a p	oublicly supported of	organization			▶ ∐
17a	10%-facts-and-circumstances test—201	1. If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	IS	
	10% or more, and if the organization meets	the "facts-and-circu	ımstances" test, ch	neck this box and st	t op here . Explain ii	ו	
	Part IV how the organization meets the "fac organization	ts-and-circumstance	es" test. The organ	nization qualifies as	a publicly supporte	d	▶ []
þ	10%-facts-and-circumstances test—201	If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and lir	ne	
	15 is 10% or more, and if the organization n				=		
	Explain in Part IV how the organization mee	ts the "facts-and-cir	cumstances" test	The organization q	ualifies as a publicl	y	. —
	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						▶ ∐

Support Schedule for Organizations Described in Section 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.
(somplete only in you encoured the new on mile of the title organization rained to quality and the
If the erganization fails to gualify under the tests listed below, places complete Part II.)

Sec	tion A. Public Support	quality under the	ne tests listed t	below, please of	ompiete i ait ii	/	
	ndar 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, 2000	(0, 2000	(3, 20.2	(c)	
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						1
	line 6)			<u> </u>			1
	tion B. Total Support ndar year (or fiscal year beginning in) ▶	(-) 2007	(5) 2000	T (5) 2000	(4) 2040	(a) 2011	(f) Total
9		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(I) Total
-	Amounts from line 6					<u> </u>	1
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	 					
С	Add lines 10a and 10b						<u> </u>
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,						
14	and 12) First five years. If the Form 990 is for the o	rnanization's first	second third four	th or fifth tay year s	l es a section 501/c\/	(3)	·
	organization, check this box and stop here	•	second, third, iddit	ui, oi illui lax yeal a	is a section so r(c)	(0)	▶ □
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2011 (line 8,			(f))		15	%
16	Public support percentage from 2010 Sche	, ,	•	· · ·		16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2011 (lir	e 10c, column (f) o	divided by line 13, o	column (f))		17	%
18	Investment income percentage from 2010 S					18	%
19a	33 1/3% support tests—2011. If the organ	nization did not che	ck the box on line 1	14, and line 15 is m	ore than 33 1/3%,	and line	
	17 is not more than 33 1/3%, check this box	and stop here. T	he organization qu	alifies as a publicly	supported organiza	ation	▶ [
b	33 1/3% support tests—2010. If the organ						
	line 18 is not more than 33 1/3%, check this						• _
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	b, check this box a	ind see instructions	S	•

Page 4

Part IV Suppler

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

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Employer identification number Name of the organization NEWTOWN COMMUNITY DEVELOPMENT CORP 86-0793043 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (duning year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 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 Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 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, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the penodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? 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 (ASC 958), 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 (ASC 958), 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 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 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Description of property

(a) Cost or other basis (other)

(investment)

(investment)

(investment)

(other)

(c) Accumulated depreciation

3,428,206

3,428,206

5 Buildings

c Leasehold improvements

d Equipment

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

(c) Accumulated depreciation

3,428,206

3,428,206

3,428,206

42,100

2,100

2,100

42,943

29,044

13,899

Schedule D (Form 990) 2011

	DEVELOPMENT CORP	86-0793043	Page
Part VII Investments—Other Securities. See Fo	orm 990, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	ı
(including name of security)		Cost or end-of-year market	value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>	······································	
Part VIII Investments—Program Related. See F			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) book value	Cost or end-of-year market	
(4)			
(1)			
(2)			
(3)			
(4)			
(5)			<u></u>
(6)			
_(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, line	e 15		
(a) Desc	cription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X Other Liabilities. See Form 990, Part X,	line 25		
1. (a) Description of liability	(b) Book value		
	(-, 2-3		
(1) Federal income taxes (2) LINE OF CREDIT	467,995		
<u> </u>	3,943		
	3,343		
(4) ACCRUED VACATION/SICK PAY			
_(5)			
(6)			
(8)			
(9)	1		

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

471,938

(10) (11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

	dule D (Form 990) 2011 NEWTOWN COMMUNITY DEVELOPMENT CORP 86-0793043		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,107,054
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	660,140
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	446,914
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	446,914
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	rn	
1	Total revenue, gains, and other support per audited financial statements	1	3,749,715
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
С	Recovenes of prior year grants 2c	1	
d	Other (Describe in Part XIV) 2d 2,642,661		
е	Add lines 2a through 2d	2e	2,642,661
3	Subtract line 2e from line 1	3	1,107,054
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	1	
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,107,054
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re		2 222 221
1	Total expenses and losses per audited financial statements	1	3,302,801
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities 2a 2a		
b	Prior year adjustments 2b	į	
С	Other losses 2c 2c	ļ	
	Other (Describe in Part XIV) 2d 2,642,661	}	0 640 661
е	Add lines 2a through 2d	2e	2,642,661
3	Subtract line 2e from line 1	3	660,140
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i	
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	CCO 140
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	660,140
	rt XIV Supplemental Information	_	
	blete 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,		
	/, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provid	e	
	dditional information		
PF	ART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER		
CC	OST OF PROPERTIES SOLD \$	2	,642,661
~	OST OF PROPERTIES SOLD \$	_2	,642,661
CC	ST OF PROPERTIES SOLD \$	-2	,042,001
יי כו	NOW WIT I THE OD _ DEVENUE AMOUNDS THEITHER TH ETHANISTATS _ /	المالة	rd -
PP.	ART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - () I II	EK
CC	NOT OF PROPERTES SOLD \$	2	642 661

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

COST OF PROPERTIES SOLD

2,642,661 \$

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

OMB No 1545-0047

Name of the organization

NEWTOWN COMMUNITY DEVELOPMENT CORP

Employer identification number 86-0793043

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS THE ORGANIZATION CHANGED ITS SERVICE AREA. THE CORPORATION SHALL CONDUCT ITS ACTIVITIES IN THE STATE OF ARIZONA, EXCLUDING THE COUNTIES OF GREENLEE, LA PAZ, APACHE AND NAVAJO AND FEDERALLY RECOGNIZED TRIBAL LANDS. THE BOARD OF DIRECTORS MAY AUTHORIZE WRITTEN CONTRACTS FOR SERVICES OUTSIDE THE DEFINED SERVICE AREA.

THE TERM FOR THE BOARD OF DIRECTORS CHANGED TO FISCAL YEARS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING. THE
EXECUTIVE DIRECTOR FORWARDS TO TREASURER FOR REVIEW AND APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
POLICY IS PROVIDED TO AND SIGNED BY ALL OFFICERS, DIRECTORS, AND EMPLOYEES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL BOARD OF DIRECTORS APPROVES ANNUAL BUDGET INCLUDING SALARIES AND PROPOSED SALARY CHANGES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

BOARD OF DIRECTORS APPROVES ANNUAL BUDGET INCLUDING SALARIES AND PROPOSED SALARY CHANGES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Name of the organization

NEWTOWN COMMUNITY DEVELOPMENT CORP

Employer identification number 86-0793043

GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

86-0793043		Federal Statements
	T	rable Interest on Investments
Desc	<u>i ax</u> ription	table Interest on Investments
Desc		Unrelated Exclusion Postal Acquired after US Business Code Code Code 6/30/75 Obs (\$ or %)
	Amount \$	
TOTAL		<u>1</u> 14 <u>1</u>

		Fund . Raising	0		Fund Raising	
			w w		Fu Rai	w.
	(e)	Management & General	1,046		Management & General	1,633
	-employe	Man	w w	SI SI	Mana	· σ·
S	ervice (Nor	Program Service	40,384	- All Other Expenses	Program Service	1,170
tement	ees for Se		w w	e - All Oth	P.C.	w ·
ederal Statements	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	Total Expenses	41,430	Part IX, Line 24e	Total Expenses	1,633
Fec	IX, Line 1'		w w	990, Part	Exp	S.
	990, Part			Form 990,		
	Form	Ċ			Č	
		Description	VICES		Description	ENSE LIES
86-0793043			CONTRACT SERVICES TOTAL			BAD DEBT EXPENSE PROGRAM SUPPLIES
86-			CO			BAI PR(

Schedule A, Part II, Line 8(e) Amount	86-0793043	Federal Statements		<u></u>
Schedule A, Part II, Line 12 Description Schedule A, Part II, Line 12 Secondary of the seco		Schedule A, Part II, Line 8(e)	·	i
Description S S S S S S S S S S S S S	AL TOTAL			
Description \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Schedule A, Part II, Line 12		
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