

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) Room/suite # 2830 WEST GLENDALE AVENUE #33 City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85051 F Name and address of principal officer: JASON BARLOW SAME AS C ABOVE	D Employer identification number 74-2401708 E Telephone number 602-268-9022 G Gross receipts \$ 24,902,170. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ 8545
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HABITATCAZ.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1985
M State of legal domicile: AZ		

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES, AND HOPE.		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	35
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	152
	6 Total number of volunteers (estimate if necessary)	6	5869
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-643,701.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	9,003,944.	13,017,506.
	9 Program service revenue (Part VIII, line 2g)	4,427,413.	4,011,676.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	210,344.	1,565,999.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,332,944.	-2,456,062.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,308,757.	16,139,119.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,980,348.	5,191,620.
	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)	4,358,548.	4,524,771.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	43,750.	53,047.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 842,393.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	934,849.	907,090.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,317,495.	10,676,528.
	19 Revenue less expenses. Subtract line 18 from line 12	-8,738.	5,462,591.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	40,534,380.	49,124,260.
	21 Total liabilities (Part X, line 26)	10,313,141.	12,930,314.
	22 Net assets or fund balances. Subtract line 21 from line 20	30,221,239.	36,193,946.

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 JULIE WHITE, CFO Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name JACQUELINE ECKMAN	Preparer's signature JACQUELINE ECKMAN	Date 11/04/21	Check if self-employed <input type="checkbox"/> PTIN P01300648
	Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's address ▶ 20 EAST THOMAS ROAD, SUITE 2300 PHOENIX, AZ 85012	Firm's EIN ▶ 41-0746749	Phone no. 602-266-2248	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
HABITAT FOR HUMANITY CENTRAL ARIZONA, A CHRISTIAN-BASED ORGANIZATION,
BUILDS OR HELPS MAINTAIN SIMPLE, DECENT AND AFFORDABLE HOMES IN
PARTNERSHIP WITH FAMILIES IN NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations 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 \$ 8,809,919. including grants of \$ 5,191,620.) (Revenue \$ 4,357,264.)
SEE SCHEDULE O.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ -2,186,032.)
HABITAT FOR HUMANITY CENTRAL ARIZONA RUNS A SEPARATELY BRANDED PROGRAM
CALLED "RESTORE". THE RESTORE PROGRAM PROMOTES RECYCLING THROUGH THE
COLLECTION AND RESALE OF REUSABLE BUILDING MATERIALS, HOME SUPPLIES AND
HOME GOODS. THE SALES OF THESE GOODS SERVE THE PURPOSE OF KEEPING
BUILDING MATERIALS AND USED OR UNWANTED GOODS OUT OF LANDFILLS.

THE RESTORE RECEIVED \$3,192,823 IN DONATED GOODS WHICH ARE REPORTED IN
LINE 1G ON THE STATEMENT OF REVENUE. THE EXPENSES RELATED TO THIS
PROGRAM ARE REPORTED ON LINE 10B ON THE STATEMENT OF REVENUE.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 8,809,919.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 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 on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records JULIE WHITE - 602-268-9022 2830 WEST GLENDALE AVENUE #33, PHOENIX, AZ 85051

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) BARLOW, JASON PRESIDENT/CEO	45.00			X			137,819.	0.	6,766.	
(2) BRADLEY, DEBRA CHIEF OPERATING OFFICER	45.00			X			117,476.	0.	17,082.	
(3) ROGERS, TODD CHIEF STRATEGY OFFICER	45.00				X		105,421.	0.	22,304.	
(4) WEIDE, LISA CHIEF PROGRAM OFFICER	45.00				X		111,297.	0.	11,041.	
(5) NICHOLS, TANA DIRECTOR OF REAL ESTATE	45.00				X		108,035.	0.	11,204.	
(6) JULIE WHITE CHIEF FINANCIAL OFFICER	45.00			X			94,815.	0.	9,929.	
(7) OWEN, CHRISTOPHER CHAIRPERSON (LEFT 06/21)	2.00	X		X			0.	0.	0.	
(8) MORELL, PAUL VICE-CHAIRPERSON	2.00	X		X			0.	0.	0.	
(9) UNDERWOOD, DAVE TREASURER	2.00	X		X			0.	0.	0.	
(10) KENT, DONNA SECRETARY	2.00	X		X			0.	0.	0.	
(11) BLAIR, BILL DIRECTOR	2.00	X					0.	0.	0.	
(12) BRADFORD, MATT DIRECTOR	2.00	X					0.	0.	0.	
(13) CANDELARIA, MARK DIRECTOR	2.00	X					0.	0.	0.	
(14) CROP, DANIELLA DIRECTOR	2.00	X					0.	0.	0.	
(15) ELLIS, SCOTT DIRECTOR	2.00	X					0.	0.	0.	
(16) GEELAN, JAYMEE DIRECTOR	2.00	X					0.	0.	0.	
(17) HARRIS, IJANA 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 (list any hours for related organizations below line)	(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) HERNANDEZ, DENISE DIRECTOR	2.00	X					0.	0.	0.	
(19) HOEKSTRA, TIM DIRECTOR	2.00	X					0.	0.	0.	
(20) HYDE, DAVID DIRECTOR	2.00	X					0.	0.	0.	
(21) KELLEY, TIM DIRECTOR	2.00	X					0.	0.	0.	
(22) LABROZZI, VINCE DIRECTOR	2.00	X					0.	0.	0.	
(23) LEONARD, STEVE DIRECTOR	2.00	X					0.	0.	0.	
(24) MARQUIS, KEN DIRECTOR	2.00	X					0.	0.	0.	
(25) MCGILL, LEIGH DIRECTOR	2.00	X					0.	0.	0.	
(26) MILLER, DEBORAH DIRECTOR	2.00	X					0.	0.	0.	
1b Subtotal							674,863.	0.	78,326.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							674,863.	0.	78,326.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
DIAMOND ROOFING 7520 W. SWEETWATER AVENUE, PEORIA, AZ 85381	ROOFING INSTALLATION	532,804.
AMERINAT PO BOX 123, DOWNEY, CA 90240	MORTGAGE SERVICING	465,956.
JAX DOOR AND WINDOW, LLC 300 W. ROADRUNNER DRIVE, CHANDLER, AZ 85286	DOORS AND WINDOWS INSTALLATION	450,002.
ABSOLUTE COMFORT HEATING AND COOLING PO BOX 1496, GLENDALE, AZ 85311	AIR CONDITIONING INSTALLATION	449,423.
MORGAN PAVEMENT, 222 S. 52ND STREET, SUITE 1, TEMPE, AZ 85281	CONCRETE AND PAVEMENT INSTALLATION	361,430.

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 **29**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) O'CONNOR, MICHAEL DIRECTOR (LEFT 6/21)	2.00	X						0.	0.	0.
(28) O'NEIL, TIM DIRECTOR	2.00	X						0.	0.	0.
(29) PEREZ, CAMILLE DIRECTOR	2.00	X						0.	0.	0.
(30) REID, TONY DIRECTOR	2.00	X						0.	0.	0.
(31) REKOSKE, KARI DIRECTOR	2.00	X						0.	0.	0.
(32) SEFRIQUI, RACHID DIRECTOR	2.00	X						0.	0.	0.
(33) SILVER, CORTLAND DIRECTOR	2.00	X						0.	0.	0.
(34) SMIGIELSKI, ANDREW DIRECTOR	2.00	X						0.	0.	0.
(35) SMITH, CINDY DIRECTOR	2.00	X						0.	0.	0.
(36) WILHOIT, ADRIENNE DIRECTOR	2.00	X						0.	0.	0.
(37) ANCA, JOSE DIRECTOR	2.00	X						0.	0.	0.
(38) AUSTIN, ANTHONY DIRECTOR	2.00	X						0.	0.	0.
(39) GENOVESE, JOE DIRECTOR	2.00	X						0.	0.	0.
(40) GORDER, PAMELA DIRECTOR	2.00	X						0.	0.	0.
(41) GREDLER, DENISE DIRECTOR	2.00	X						0.	0.	0.
(42) LINDSEY, AMY DIRECTOR	2.00	X						0.	0.	0.
(43) WOODS, CHLOE DIRECTOR	2.00	X						0.	0.	0.
(44) GUDIS, LARRY DIRECTOR (LEFT 06/21)	2.00	X						0.	0.	0.
(45) HOFER, J. LARRY DIRECTOR (LEFT 06/21)	2.00	X						0.	0.	0.
(46) IBRAGIMOV, SLAVA DIRECTOR (LEFT 04/21)	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	245,567.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,520,740.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,251,199.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,322,929.				
	h Total. Add lines 1a-1f			13,017,506.			
Program Service Revenue	2 a HOME TRANSFERS	Business Code 230000	3,395,309.	3,395,309.			
	b GLENDALE HOME REPAIR PROGRAM	811000	346,752.	346,752.			
	c HOMEOWNERS REPAIR PROGRAM	811000	142,318.	142,318.			
	d PEORIA HOME REPAIR PROGRAM	811000	127,297.	127,297.			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			4,011,676.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		95,769.			95,769.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	83,416.			
			(ii) Personal				
	b Less: rental expenses	6b	203,036.				
	c Rental income or (loss)	6c	-119,620.				
	d Net rental income or (loss)			-119,620.		-90,457.	-29,163.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,095,929.	1,380,229.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	830,745.	175,183.			
c Gain or (loss)	7c	265,184.	1,205,046.				
d Net gain or (loss)			1,470,230.			1,470,230.	
8 a Gross income from fundraising events (not including \$ 245,567. of contributions reported on line 1c). See Part IV, line 18	8a		5,718.				
b Less: direct expenses	8b	26,214.					
c Net income or (loss) from fundraising events			-20,496.			-20,496.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		4,788,597.				
b Less: cost of goods sold	10b	7,527,873.					
c Net income or (loss) from sales of inventory			-2,739,276.	-2,186,032.	-553,244.		
Miscellaneous Revenue	11 a GAIN ON SUBORDINATE LIENS	Business Code 531390	343,443.	343,443.			
	b OTHER INCOME	900099	77,742.			77,742.	
	c LATE PAYMENT PENALTIES	531390	2,145.	2,145.			
	d All other revenue						
	e Total. Add lines 11a-11d			423,330.			
12 Total revenue. See instructions			16,139,119.	2,171,232.	-643,701.	1,594,082.	

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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21 ...	176,632.	176,632.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,014,988.	5,014,988.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	428,544.	85,518.	343,026.	
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	3,178,947.	1,848,251.	634,057.	696,639.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	129,450.	73,896.	26,974.	28,580.
9 Other employee benefits	471,875.	289,756.	71,385.	110,734.
10 Payroll taxes	315,955.	146,303.	116,832.	52,820.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	48,298.		48,298.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	53,047.			53,047.
f Investment management fees	35,801.		35,801.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	47,008.			47,008.
13 Office expenses	135,367.	40,400.	81,876.	13,091.
14 Information technology	196,138.		153,717.	42,421.
15 Royalties				
16 Occupancy	58,952.		58,952.	
17 Travel	79,852.	58,233.	17,313.	4,306.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	215,795.	13.	215,782.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,480.	36,106.	32,744.	630.
23 Insurance	191,669.	145,740.	45,929.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER	453,897.	238,039.	158,312.	57,546.
b MORTGAGE SERVICING	122,443.	122,443.		
c EQUIPMENT AND MAINTENAN	119,573.	81,479.	38,094.	
d OVERHEAD APPLIED	-25,615.	1,293,690.	-1,054,876.	-264,429.
e All other expenses	-841,568.	-841,568.		
25 Total functional expenses. Add lines 1 through 24e	10,676,528.	8,809,919.	1,024,216.	842,393.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,491,480.	1	1,036,450.
	2 Savings and temporary cash investments	150,207.	2	150,270.
	3 Pledges and grants receivable, net	764,121.	3	3,591,662.
	4 Accounts receivable, net	392,754.	4	374,688.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,028,717.	8	1,065,749.
	9 Prepaid expenses and deferred charges	204,324.	9	239,676.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,558,749.		
	b Less: accumulated depreciation	10b 1,856,623.	4,422,730.	10c 4,702,126.
	11 Investments - publicly traded securities	4,348,025.	11	7,735,343.
	12 Investments - other securities. See Part IV, line 11	3,711,667.	12	4,338,927.
	13 Investments - program-related. See Part IV, line 11	22,031,401.	13	22,865,073.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,988,954.	15	3,024,296.
16 Total assets. Add lines 1 through 15 (must equal line 33)	40,534,380.	16	49,124,260.	
Liabilities	17 Accounts payable and accrued expenses	1,232,209.	17	1,288,739.
	18 Grants payable		18	
	19 Deferred revenue	1,774,049.	19	1,569,246.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,181,404.	23	10,066,942.
	24 Unsecured notes and loans payable to unrelated third parties	1,116,400.	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	9,079.	25	5,387.
	26 Total liabilities. Add lines 17 through 25	10,313,141.	26	12,930,314.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	27,670,559.	27	30,064,058.
	28 Net assets with donor restrictions	2,550,680.	28	6,129,888.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	30,221,239.	32	36,193,946.
33 Total liabilities and net assets/fund balances	40,534,380.	33	49,124,260.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,139,119.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,676,528.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,462,591.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,221,239.
5	Net unrealized gains (losses) on investments	5	479,390.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	30,726.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	36,193,946.

Part XII Financial Statements and Reporting

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

- 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2020

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 12, check only one box.)

- 1 [] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [] A school described in section 170(b)(1)(A)(ii).
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).
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).
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [x] 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).
8 [] A community trust described in section 170(b)(1)(A)(vi).
9 [] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [] 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.
11 [] An organization organized and operated exclusively to test for public safety.
12 [] 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).
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations []
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,800,100.	7,919,795.	7,434,321.	9,003,944.	13,017,506.	46,175,666.
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	8,800,100.	7,919,795.	7,434,321.	9,003,944.	13,017,506.	46,175,666.
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)						3,361,249.
6 Public support. Subtract line 5 from line 4.						42,814,417.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	8,800,100.	7,919,795.	7,434,321.	9,003,944.	13,017,506.	46,175,666.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	50,808.	33,559.	83,774.	190,625.	179,185.	537,951.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,237.	25,119.	26,919.	52,316.	77,742.	196,333.
11 Total support. Add lines 7 through 10						46,909,950.
12 Gross receipts from related activities, etc. (see instructions)					12	42,502,079.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	91.27	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	97.55	%
16a 33 1/3% support test - 2020. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2020. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2019. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number

74-2401708

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 4,001,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,116,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for lines 2a-2d (Held at the End of the Tax Year), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a-2b regarding reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian 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 XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		700,000.		700,000.
b Buildings		3,940,827.	722,235.	3,218,592.
c Leasehold improvements		757,555.	370,055.	387,500.
d Equipment		690,918.	405,232.	285,686.
e Other		469,449.	359,101.	110,348.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,702,126.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ARIZONA COMMUNITY FOUNDATION		
(B) INVESTMENTS	4,338,927.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,338,927.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) MORTGAGE LOANS	18,419,070.	COST
(2) LAND HELD FOR DEVELOPMENT	1,818,897.	END-OF-YEAR MARKET VALUE
(3) HOMES UNDER CONSTRUCTION	2,627,106.	END-OF-YEAR MARKET VALUE
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	22,865,073.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEBT ISSUANCE COSTS	163,399.
(2) SECURITY DEPOSITS	126,730.
(3) DISCOUNT ON NONINTEREST BEARING NOTES	2,734,167.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,024,296.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO HABITAT INTERNATIONAL, INC.	5,387.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,387.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE IRC AND, THEREFORE, HAS NO PROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE IRC AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME (UBI) WOULD BE TAXABLE.

Part XIII Supplemental Information *(continued)*

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. THIS POLICY HAS HAD NO IMPACT ON THE
ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number

74-2401708

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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			
PRISMA GRAPHIC CORP - 2937 E. BROADWAY RD #100, PHOENIX, AZ	DIRECT MAIL SERVICE		X	505,010.	53,047.	451,963.
Total				505,010.	53,047.	451,963.

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

AZ

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOOD NEWS FROM HABITAT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	251,285.		251,285.
	2	Less: Contributions	245,567.		245,567.
	3	Gross income (line 1 minus line 2)	5,718.		5,718.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	26,214.		26,214.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			26,214.
11	Net income summary. Subtract line 10 from line 3, column (d)			-20,496.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct 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 conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: PRISMA GRAPHIC CORP

(I) ADDRESS OF FUNDRAISER: 2937 E. BROADWAY RD #100, PHOENIX, AZ 85040

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 31709	91-1914868	501(C)(3)	176,632.	0.	N/A	N/A	LOW INCOME HOME BUILDING OR RENOVATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated 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 noncash assistance
HOUSING ASSISTANCE	16	3,279,548.	0.	BOOK VALUE	HOUSING CONSTRUCTION COSTS
REPAIR ASSISTANCE	336	1,735,440.	0.	BOOK VALUE	COST OF HOME REPAIRS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

HABITAT FOR HUMANITY CENTRAL ARIZONA CONTRIBUTES 10% OF THE ORGANIZATION'S

UNRESTRICTED ANNUAL CONTRIBUTIONS TO HABITAT FOR HUMANITY INTERNATIONAL FOR

THEIR INTERNATIONAL HOUSING PROGRAMS. HFHCAZ HAS A VOLUNTEER COMMITTEE WHO

WORKS WITH HABITAT INTERNATIONAL IN DETERMINING THE DESIGNATION OF THE

CONTRIBUTION TO QUALIFYING HABITAT AFFILIATES AROUND THE WORLD.

CONTRIBUTIONS TO HFHI ARE DOCUMENTED AND RESULTS ARE MONITORED BY THE

VOLUNTEER COMMITTEE.

Part IV Supplemental Information

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 PERMANENT RESIDENTS.

- ARE LOW INCOME, MEANING THEIR ANNUAL GROSS HOUSEHOLD INCOME IS

GENERALLY BETWEEN 30% AND 60%, BUT NOT TO EXCEED 80%, OF THE AREA

MEDIAN INCOME FOR MARICOPA AND PINAL COUNTY AREAS, ADJUSTED FOR FAMILY

SIZE.

- HAVE A TWO-YEAR HISTORY OF STABLE INCOME.

- MONTHLY LONG-TERM DEBT PAYMENTS, INCLUDING PROSPECTIVE MORTGAGE

PAYMENT, ARE NO MORE THAN 43% OF A FAMILY'S MONTHLY GROSS INCOME.

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

RENT AND UTILITIES.

- ABILITY TO PAY CLOSING COSTS (APPROXIMATELY \$3,500).

- ARE WILLING TO CONTRIBUTE A MINIMUM OF 200 - 400 HOURS OF SWEAT

EQUITY TOWARDS THE CONSTRUCTION OR RENOVATION OF HABITAT HOMES.

- ATTEND REQUIRED WORKSHOPS FOR SUCCESS IN HOMEOWNERSHIP.

AT 30, 60, 90 AND 180 DAYS AFTER CLOSING, THE HOMEOWNER IS EITHER

CONTACTED BY PHONE OR IN PERSON TO DETERMINE HOW THE FAMILY IS DOING IN

THEIR NEW HOME. MORTGAGE DELINQUENCY REPORTS ARE PREPARED 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)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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		3,192,823.	SALES PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	66,213.	STOCK MARKET QUOTE
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				
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 (BUILDING MATE)	X	25	63,893.	STANDARD COST
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 1

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED.

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number

74-2401708

FORM 990, PART III, LINE 4A:

HABITAT FOR HUMANITY CENTRAL ARIZONA (HABITAT) BUILDS PARTNERSHIPS

THROUGH LIFE-CHANGING OPPORTUNITIES. AS A TOP PRODUCER OF NEW AND

RENOVATED HOMES OUT OF OVER 1100 HABITAT FOR HUMANITY AFFILIATES IN THE

UNITED STATES FOR THE FISCAL YEAR, HABITAT BRINGS PEOPLE TOGETHER TO

FACILITATE COMMUNITY TRANSFORMATION IN MARICOPA AND NORTHERN PINAL

COUNTIES.

DURING FY20-21, WE SOLD 16 NEW AND RENOVATED HOMES TO FAMILIES IN NEED

OF AFFORDABLE HOUSING. WE COMPLETED 332 REPAIRS, WHICH INCLUDES

FAMILIES SERVED BY OUR EMERGENCY HOME REPAIR PROGRAMS AND NEIGHBORHOOD

REVITALIZATION EFFORTS. THIS WAS MADE POSSIBLE DUE TO THE GENEROUS

SUPPORT OF THE FOLLOWING CITIES.

- GLENDALE - HABITAT WAS ABLE TO BUILD ONE NEW HOME AND RENOVATE TWO

HOMES IN THE CITY OF GLENDALE.

- ARIZONA CITY - HABITAT WAS ABLE TO BUILD ONE NEW HOME IN THE CITY OF

APACHE JUNCTION.

- PEORIA - HABITAT WAS ABLE TO RENOVATE ONE HOME IN THE CITY OF PEORIA.

- PHOENIX - HABITAT WAS ABLE TO BUILD NINE NEW HOMES AND RENOVATE ONE

IN THE CITY OF PHOENIX.

- MESA - HABITAT WAS ABLE TO RENOVATE TWO HOMES IN THE CITY OF MESA

- REPAIRS - HABITAT COMPLETED 251 NEIGHBORHOOD REVITALIZATION PROJECTS

WHICH INCLUDES 115 IN THE CANYON CORRIDOR DUE TO OUR CONTINUED

AWARD-WINNING PARTNERSHIP WITH GRAND CANYON UNIVERSITY. WE COMPLETED 81

REPAIRS IN OUR HOME REPAIR PROGRAM WITHIN THE CITY OF GLENDALE AND CITY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

OF PEORIA EMERGENCY HOME REPAIR PROGRAMS.

THROUGH COMMUNITY PARTNERSHIPS, THESE NEIGHBORHOODS ARE BEING

REVITALIZED INTO VIBRANT, SAFE AND INVITING PLACES TO LIVE.

ADDITIONALLY:

- WE PARTNERED WITH 5,869 VOLUNTEERS WHO SPENT OVER 33,000 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 \$954,606

- WE HAVE BECOME A RECOGNIZED LEADER IN THE CONSTRUCTION AND REHABILITATION OF HOMES THAT ARE LEED CERTIFIED WITH 154 HOMES NOW DESIGNATED LEED SILVER, GOLD AND PLATINUM.

- WE SERVED MORE THAN 417,000 CUSTOMERS ACROSS ALL OUR RESTORE LOCATIONS, WHICH GENERATED OVER \$4.7 MILLION IN SALES.

- THROUGH OUR RESTORES WE COLLECTED AND RESOLD USED OR UNWANTED HOME SUPPLIES AND GOODS DONATED BY INDIVIDUALS AND LOCAL BUSINESSES WITH A VALUE OF OVER \$3,100,000 WHICH DIVERTED APPROXIMATELY 4.2 MILLION POUNDS OF GOODS FROM LANDFILLS.

WE OFFER A HAND UP, NOT A HAND OUT, WITH A NO-PROFIT MORTGAGE LOAN FOR NEW CONSTRUCTION, RENOVATION AND OWNER-OCCUPIED HOME REPAIR SERVICES.

OUR EFFORTS BENEFIT FAMILIES WHO MEET OUR QUALIFICATIONS:

- THE GROSS ANNUAL HOUSEHOLD INCOME MAY NOT EXCEED 80% OF THE MARICOPA AND PINAL COUNTY AREA MEDIAN INCOME. AFFORD A MORTGAGE BASED ON

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

CURRENT MARKET, THE MEDIAN INCOME FIGURE VARIES DEPENDING ON THE SIZE OF THE FAMILY AND AREA.

- TWO-YEAR HISTORY OF STABLE INCOME
- MONTHLY LONG-TERM DEBT PAYMENTS, INCLUDING ESTIMATED MORTGAGE PAYMENT, SHOULD NOT EXCEED 43% OF A FAMILY'S INCOME.
- AN ACCEPTABLE HISTORY OF CREDIT.
- ABILITY TO PAY CLOSING COSTS (APPROXIMATELY \$3,500).
- APPLICANT MUST BE A U.S. CITIZEN OR A PERMANENT RESIDENT. THIS APPLIES TO ALL HOUSEHOLD MEMBERS.

- LACK OF DECENT AND SAFE LIVING CONDITIONS AS DEFINED BY THE HABITAT FOR HUMANITY HOUSING EVALUATION CRITERIA

- BE WILLING TO CONTRIBUTE 200-400 HOURS OF SWEAT EQUITY TOWARDS THE BUILDING OR RENOVATING OF HABITAT HOMES (SPECIAL ACCOMMODATIONS MAY BE MADE AVAILABLE UPON REQUEST).
- ATTEND MANDATORY WORKSHOPS FOR SUCCESS IN HOMEOWNERSHIP.

HABITAT FAMILIES BUILD NEW LIVES AND BETTER FUTURES AS THEY TRANSITION FROM OVERCROWDED, POVERTY SHELTER INTO DECENT, AFFORDABLE HOMES.

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 FY20-21 INCLUDE THE FOLLOWING:

- RAISED OVER \$8 MILLION IN PUBLIC SUPPORT BY RETAINING 64% OF DONORS FROM PREVIOUS YEARS AND CONVERTING 127 VOLUNTEERS INTO FIRST TIME DONORS

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

- INCREASED THE NUMBER OF CHARITABLE IRA GIFTS FROM 37 TO 38.
- DEVELOPED 14 NEW COMMUNITY PARTNERSHIPS.
- RESPONDED TO MORE THAN 5671 INQUIRIES (WEBSITE, WALK-INS, PHONE CALLS).
- PRE-SCREENED 261 APPLICANTS.
- QUALIFIED 26 APPLICANTS.
- REFERRED 451 FAMILIES TO OTHER PROGRAMS AND/OR SERVICES.
- PREPARED 36 FAMILIES FOR FUTURE HOME-OWNERSHIP IN THE COMING YEAR.

LEARN MORE ABOUT OUR PROGRAMS ONLINE AT HABITATCAZ.ORG OR FIND US ON THE FOLLOWING SOCIAL MEDIA:

- FACEBOOK
- TWITTER
- INSTAGRAM
- PINTEREST
- YOUTUBE

FORM 990, PART VI, SECTION A, LINE 1:
 THERE SHALL BE AN EXECUTIVE COMMITTEE CONSISTING OF THE ELECTED OFFICERS OF THE BOARD OF DIRECTORS AND THE IMMEDIATE PAST-CHAIR (WHO SHALL BE A NONVOTING MEMBER OF THE EXECUTIVE COMMITTEE) AND ANY OTHERS AS SELECTED BY THE BOARD CHAIR AND APPROVED BY THE BOARD OF DIRECTORS. THE PRESIDENT/CEO OF THE CORPORATION SHALL ALSO BE A NONVOTING MEMBER OF THE EXECUTIVE COMMITTEE.

THE EXECUTIVE COMMITTEE IS AUTHORIZED TO TRANSACT THE BUSINESS OF THE

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

CORPORATION BETWEEN REGULAR BOARD OF DIRECTORS' MEETINGS, MAKING DECISIONS WHICH CANNOT WAIT FOR REGULAR BOARD OF DIRECTORS' MEETINGS. REPORTS OF ACTIONS TAKEN SHALL BE MADE AT THE NEXT REGULAR BOARD OF DIRECTORS' MEETING. MINUTES OF THE EXECUTIVE COMMITTEE MUST BE KEPT. HOWEVER ALL MAJOR FINANCIAL, LEGAL OR ADMINISTRATIVE CHANGES MUST BE SUBMITTED FOR APPROVAL TO THE BOARD OF DIRECTORS AT A REGULAR OR SPECIALLY CALLED MEETING.

THE EXECUTIVE COMMITTEE PLANS AND CONDUCTS THE ANNUAL MEETING OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 4:

DURING FY21 THE ORGANIZATION CHANGED ITS PRIMARY ADDRESS FROM 9133 NW GRAND AVENUE #1 PEORIA, AZ 85345 TO 2830 WEST GLENDALE AVENUE #33 PHOENIX, AZ 85051.

DURING FY21 THE ORGANIZATION AMENDED THEIR BYLAWS TO HAVE 11 STANDING COMMITTEES INSTEAD OF 12. THE NOMINATING AND RESTORE COMMITTEES WERE REMOVED AND ADVOCACY COMMITTEE WAS ADDED.

FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT REVIEWS THE 990 RETURN FOR ACCURACY AND COMPLETENESS, AND THEN PROVIDES A DRAFT COPY TO THE FINANCE COMMITTEE AND BOARD OF DIRECTORS FOR FURTHER REVIEW. A FINAL 990 RETURN DRAFT (INCORPORATING ANY CHANGES AS A RESULT OF THE REVIEW) IS PROVIDED TO THE COMMITTEE AND BOARD VIA EMAIL PRIOR TO FILING THE RETURN. THE FILED 990 RETURN IS PRESENTED AT THE NEXT REGULARLY SCHEDULED MEETINGS OF THE FINANCE COMMITTEE AND BOARD OF DIRECTORS.

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

FORM 990, PART VI, SECTION B, LINE 12C:

CURRENTLY THERE ARE NO ONGOING CONFLICT OF INTEREST TRANSACTIONS. IF ANY CONFLICTS ARE DISCLOSED, 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 CEO SALARY IS APPROVED BY THE EXECUTIVE COMMITTEE (OR CEO SEARCH COMMITTEE FOR NEW HIRES). THIS PROCESS WAS LAST UNDERTAKEN DURING THE YEAR 2015). ON AN ANNUAL BASIS THE EXECUTIVE COMMITTEE REVIEWS THE CEO'S SALARY AND APPROVES IT WITH ANY ANNUAL INCREASES. THIS IS DOCUMENTED IN THE COMMITTEE'S MEETING MINUTES.

KEY EMPLOYEE COMPENSATION IS COMPARED PERIODICALLY WITH DATA AND SALARY SURVEYS FROM LOCAL SIMILAR NON-PROFITS (ASU LOADSTAR SURVEY) AND COMPENSATION IS APPROVED BY THE CEO. THIS PROCESS WAS LAST UNDERTAKEN DURING THE YEAR 2016). DECISION IS DOCUMENTED IN EMPLOYEE'S PERSONNEL FILE.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

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

CHANGE IN DEFERRED GIFTS 30,726.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS
DURING THE YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HPFCA FUNDING COMPANY, LLC 2830 W. GLENDALE AVE., SUITE 33 PHOENIX, AZ 85051	ACQUIRING AND HOLDING MORTGAGE LOANS	ARIZONA	0.	0.	HABITAT FOR HUMANITY CENTRAL ARIZONA
2830 W. GLENDALE AVE, LLC 2830 W. GLENDALE AVE., SUITE 33 PHOENIX, AZ 85051	ACQUIRE AND HOLD COMMERCIAL OFFICE SPACE	ARIZONA	79,416.	2,176,927.	HABITAT FOR HUMANITY CENTRAL ARIZONA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HABITAT FOR HUMANITY INTERNATIONAL - 91-1914868, 121 HABITAT STREET, AMERICUS, GA 31709	HOUSING DEVELOPMENT AND CONSTRUCTION	GEORGIA	501(C)(3)	LINE 7	N/A		X

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for providing supplemental information, consisting of multiple horizontal lines.

