** PUBLIC DISCLOSURE COPY **

Form 990 Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

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

C Name of organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): 9133 NW GRAND AVE

Room/suite: #1

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

D Employer identification number: 74-2401708

E Telephone number: 623-583-2417

G Gross receipts $: 14,751,878.

F Name and address of principal officer: ROGER G. SCHWIERJOHN
SAME AS C ABOVE

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

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

H(c) Group exemption number ▶ 8545

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

J Website: ▶ WWW.HABITATCAZ.ORG

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

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: BUILDING SIMPLE, DECENT AND AFFORDABLE HOMES IN PARTNERSHIP WITH FAMILIES IN NEED.	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	26
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	77
	6	Total number of volunteers (estimate if necessary)	10375
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,599,421.	4,274,839.
	9	Program service revenue (Part VIII, line 2g)	3,055,628.	2,468,922.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,382.	128,750.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-150,879.	367,616.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,566,552.	7,240,127.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,117,098.	4,043,419.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,309,363.	2,390,681.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 633,749.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	545,040.	639,991.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,971,501.	7,074,091.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,404,949.	166,036.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	27,966,365.	27,758,784.
	21	Total liabilities (Part X, line 26)	7,454,792.	6,728,365.
	22	Net assets or fund balances. Subtract line 21 from line 20	20,511,573.	21,030,419.

Part II Signature Block

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

Sign Here

▶ Signature of officer: PRESIDENT Date:

▶ ROGER G. SCHWIERJOHN, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JACQUELINE ECKMAN	Preparer's signature	Date: 2/14/13	Check ☐ if self-employed	PTIN: P01300648
Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶	41-0746749
Firm's address ▶ 20 EAST THOMAS ROAD, SUITE 2300 PHOENIX, AZ 85012			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 to any question in this Part III X

1 Briefly describe the organization's mission:

HABITAT FOR HUMANITY CENTRAL ARIZONA, A CHRISTIAN-BASED ORGANIZATION, BUILDS 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? ..... X Yes ☐ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... ☐ Yes 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 5,878,773. including grants of $ 4,043,419.) (Revenue $ 2,390,029.)

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

FOR FY 11-12 WE BUILT 24 NEW HOMES, RENOVATED 16 HOMES AND REPAIRED 304 HOMES.

-AVONDALE: WE COMPLETED 3 HOMES IN HILLCREST VILLAGE, OUR 37-HOME COMMUNITY. HILLCREST VILLAGE OFFERS THREE TO FIVE-BEDROOM SINGLE-FAMILY DETACHED HOMES WITH GARAGE AND A HOA.

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

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

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ▶ 5,878,773.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	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? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	144			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	77			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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

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

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

HOLLY BAIRD - (623) 583-2417

9133 NW GRAND AVE. STE. 1, PEORIA, AZ 85345

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

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

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

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

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

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

☐ 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LARRY GUDIS CHAIRPERSON	2.00	X		X				0.	0.	0.
(2) JIM PHELPS VICE-CHAIR	2.00	X		X				0.	0.	0.
(3) HEIDE ROSE SECRETARY	2.00	X		X				0.	0.	0.
(4) EVA CHADWICK TREASURER	2.00	X		X				0.	0.	0.
(5) ROBYN ANDERSON DIRECTOR	2.00	X						0.	0.	0.
(6) THOMAS ANSEL DIRECTOR	2.00	X						0.	0.	0.
(7) KATHLEEN CROWLEY DIRECTOR	2.00	X						0.	0.	0.
(8) DAVID DECERO DIRECTOR	2.00	X						0.	0.	0.
(9) TIM DISBROW DIRECTOR	2.00	X						0.	0.	0.
(10) JOSE A. FREIG DIRECTOR	2.00	X						0.	0.	0.
(11) ANNA B. GARCIA DIRECTOR	2.00	X						0.	0.	0.
(12) KIM HUMPHREY DIRECTOR	2.00	X						0.	0.	0.
(13) JOAN JAYNES DIRECTOR	2.00	X						0.	0.	0.
(14) STANTON JOHNSON DIRECTOR	2.00	X						0.	0.	0.
(15) THRUMAN JUDD DIRECTOR	2.00	X						0.	0.	0.
(16) FREDERICK LAKE DIRECTOR	2.00	X						0.	0.	0.
(17) JACQUELINE METCALF DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) OWEN MOORHEAD DIRECTOR	2.00	X						0.	0.	0.
(19) VICTOR NEWTON DIRECTOR	2.00	X						0.	0.	0.
(20) BOB RASMUSSEN DIRECTOR	2.00	X						0.	0.	0.
(21) GIL RODRIGUEZ DIRECTOR	2.00	X						0.	0.	0.
(22) RYAN ROSENSTEEL DIRECTOR	2.00	X						0.	0.	0.
(23) CORKY SILVER DIRECTOR	2.00	X						0.	0.	0.
(24) DAVE SPRENTALL DIRECTOR	2.00	X						0.	0.	0.
(25) MICHAEL J. TOIA DIRECTOR	2.00	X						0.	0.	0.
(26) JEFFREY GARZA WALKER DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								178,000.	0.	24,191.
d Total (add lines 1b and 1c) ▶								178,000.	0.	24,191.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. 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
GUILLIAM CONCRETE INC. P.O. BOX 1297, GILBERT, AZ 85299	CONCRETE	287,118.
CHAS ROBERTS AIR CONDITIONING 9298 N. 19TH AVE., PHOENIX, AZ 85021	AIR CONDITIONING	178,770.
THE PRODUCTION CHOICE P.O. BOX 1297, GILBERT, AZ 85299	PLUMBING AND CONCRETE	165,589.
TOP QUALITY MASONARY 3035 S. 35TH AVE, PHOENIX, AZ 85009	BLOCK WALL INSTALLATION	113,580.
SIERRA STUCCO 1320 N. ACACIA DR, GILBERT, AZ 85233	STUCCO INSTALLATION	105,434.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 6

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	(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) ROGER SCHWIERJOHN PRESIDENT/CEO	45.00			X				100,000.	0.	10,001.
(28) HOLLY BAIRD CFO	40.00			X				78,000.	0.	14,190.
Total to Part VII, Section A, line 1c								178,000.		24,191.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	90,370.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1298632.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2885837.			
	g Noncash contributions included in lines 1a-1f: $ 2,838,152.					
	h Total. Add lines 1a-1f		4274839.			
Program Service Revenue		Business Code				
	2a HOME TRANSFERS	230000	2355498.	2355498.		
	b HOME REPAIR PROGRAM	811000	113,424.	113,424.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		2468922.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,121.			8,121.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	168178.	2,832,973.			
	b Less: cost or other basis and sales expenses	175014.	2,705,508.			
	c Gain or (loss)	-6,836.	127465.			
	d Net gain or (loss)		120,629.			120,629.
	8a Gross income from fundraising events (not including $ 90,370. of contributions reported on line 1c). See Part IV, line 18 a	23,886.				
	b Less: direct expenses b	47,421.				
	c Net income or (loss) from fundraising events		-23,535.			-23,535.
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a	5,030,379.				
	b Less: cost of goods sold b	4,583,808.				
	c Net income or (loss) from sales of inventory		446,571.			446,571.
	Miscellaneous Revenue	Business Code				
	11a OTHER INCOME	900099	23,473.			23,473.
	b LATE PAYMENT PENALTIES	531390	18,701.	18,701.		
	c GAIN ON SUBORDINATE LI	531390	16,102.	16,102.		
	d All other revenue	531390	-113,696.	-113,696.		
	e Total. Add lines 11a-11d		-55,420.			
	12 Total revenue. See instructions.		7240127.	2390029.	0.	575,259.

132009
01-23-12

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

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

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,669,475.	1	1,818,712.
	2	Savings and temporary cash investments		948,589.	2	574,850.
	3	Pledges and grants receivable, net		1,432,616.	3	1,389,687.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		226,343.	8	244,303.
	9	Prepaid expenses and deferred charges		189,242.	9	206,885.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,210,082.			
	b	Less: accumulated depreciation	10b 704,645.	6,544,349.	10c	6,505,437.
	11	Investments - publicly traded securities		180,044.	11	185,264.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		16,775,707.	13	16,833,646.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		27,966,365.	16	27,758,784.
Liabilities	17	Accounts payable and accrued expenses		683,916.	17	738,719.
	18	Grants payable			18	
	19	Deferred revenue		3,631,761.	19	3,195,519.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		96,301.	21	55,052.
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,625,774.	23	2,585,042.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		417,040.	25	154,033.
	26	**Total liabilities.** Add lines 17 through 25		7,454,792.	26	6,728,365.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		19,643,319.	27	20,428,861.
	28	Temporarily restricted net assets		793,093.	28	533,887.
	29	Permanently restricted net assets		75,161.	29	67,671.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		20,511,573.	33	21,030,419.
	34	Total liabilities and net assets/fund balances		27,966,365.	34	27,758,784.

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

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

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number

74-2401708

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii)	A family member of a person described in (i) above? 11g(ii)		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

132021
01-24-12

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

Section B. Total Support

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

12 Gross receipts from related activities, etc. (see instructions) ▶ 12 37,277,848.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) ▶ 14 98.83 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 ▶ 15 98.82 %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

** PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

2011

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	[X] 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, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. ..... ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not 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		$ 229,207.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8		$ 255,041.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 174,904.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 251,136.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
7		$ 141,409.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 110,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

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
5		$ 260,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6		$ 338,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

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
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(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., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. 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 information 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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number
74-2401708

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 Temporarily restricted endowment ▶ _____ %

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

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

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

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) MORTGAGE LOANS	15,401,238.	COST
(2) LAND HELD FOR DEVELOPMENT	1,432,408.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	16,833,646.	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LAND HELD BY CITY OF GLENDALE	139,686.
(3) DUE TO HABITAT INTERNATIONAL, INC.	14,347.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	154,033.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,240,127.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,074,091.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	166,036.
4	Net unrealized gains (losses) on investments	4	2,870.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	2,870.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	168,906.

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

1	Total revenue, gains, and other support per audited financial statements			1	7,236,718.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	2,870.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	7,490.		
e	Add lines 2a through 2d			2e	10,360.
3	Subtract line 2e from line 1			3	7,226,358.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	13,769.		
c	Add lines 4a and 4b			4c	13,769.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	7,240,127.

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

1	Total expenses and losses per audited financial statements			1	6,999,573.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	6,999,573.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	74,518.		
c	Add lines 4a and 4b			4c	74,518.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	7,074,091.

Part XIV Supplemental Information

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

PART IV, LINE 2B: THE ORGANIZATION RECEIVES AMOUNTS FROM THEIR HOMEOWNERS FOR INSURANCE, PROPERTY TAXES AND HOME MAINTENANCE. THESE AMOUNTS ARE USED ARE USED TO PAY AMOUNTS AS THEY BECOME DUE.

PART X, LINE 2: 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

Part XIV Supplemental Information *(continued)*

TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE IMPLEMENTATION OF THIS POLICY HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN DEFERRED GIFTS	7,490.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF MORTGAGES	127,465.
LOSS ON IMPAIRMENT	-113,696.
OTHER INCOME	
TOTAL TO SCHEDULE D, PART XII, LINE 4B	13,769.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION TO HABITAT FOR HUMANITY INTERNATIONAL	74,518.

SCHEDULE D, PART X: THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S POLICY PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE IMPLEMENTATION OF THIS POLICY HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization

HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number

74-2401708

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

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? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ALPHA DOG - 25940 COLORETTI COURT, VALENCIA, CA 91355	DIRECT MAIL CAMPAIGN		X	169,940.	56,996.	112,944.
Total ▶				169,940.	56,996.	112,944.

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

AZ

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 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 BLUEPRINTS AND BLUE JEA (event type)	(b) Event #2 CHIP IN FOR HUMANITY GOL (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	82,833.	31,200.	223.	114,256.
	2 Less: Charitable contributions	71,033.	19,337.		90,370.
	3 Gross income (line 1 minus line 2)	11,800.	11,863.	223.	23,886.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	15,542.	8,308.		23,850.
	6 Rent/facility costs		7,310.		7,310.
	7 Food and beverages	13,734.			13,734.
	8 Entertainment				
	9 Other direct expenses	2,110.	193.	224.	2,527.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(47,421.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-23,535.

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

		(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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number

74-2401708

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. 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 non-cash assistance	(h) Purpose of grant or assistance

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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 non-cash assistance
HOUSING ASSISTANCE	35	0.	4,043,419.	BOOK VALUE	HOUSING

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

SCHEDULE I, PART I, LINE 2: MONITORING GRANTS PROCEDURES

SCHEDULE I, PART III - HOUSING ASSISTANCE

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

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

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

Part IV Supplemental Information

ADJUSTED FOR FAMILY SIZE

- HAVE A TWO-YEAR HISTORY OF STABLE INCOME

- MONTHLY LONG-TERM DEBT PAYMENTS, INCLUDING PROSPECTIVE MORTGAGE PAYMENT, ARE LESS THAN 41% OF A FAMILY'S INCOME

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

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

- ARE WILLING TO CONTRIBUTE AT LEAST 200 - 400 HOURS OF SWEAT EQUITY TOWARDS THE BUILDING OF HABITAT HOMES

- ATTEND REQUIRED WORKSHOPS FOR SUCCESS IN HOMEOWNERSHIP

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) 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		2,462,684.	SALES PRICE
6	Cars and other vehicles	X	1	750.	FAIR VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3	7,375.	FAIR VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	6	114,000.	APPRAISED VALUE
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (BUILDING SERV)	X	423	211,510.	STANDARD COST
26	Other ▶ (DONATIONS FOR)	X	121	20,748.	RETAIL VALUE OF ITEM
27	Other ▶ (BUILDING SERV)	X	3	12,960.	STANDARD COST
28	Other ▶ (GIFT CARDS)	X	3	8,125.	VALUE OF CARD

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... 29 | 4

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

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.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization
HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number
74-2401708

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

HABITAT FOR HUMANITY CENTRAL ARIZONA BEGAN ITS NEIGHBORHOOD REVITALIZATION INITIATIVE AND BECAME THE PROVIDER FOR THE CITY OF GLENDALE'S EMERGENCY HOME REPAIR PROGRAM. IN TOTAL 304 FAMILIES WERE SERVED THROUGH OUR REPAIR EFFORTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

-APACHE JUNCTION: WE RENOVATED ONE VACANT FORECLOSED HOME.

-MESA: SIX INFILL HOMES WERE COMPLETED. THE FUNDING FOR THE LOT PURCHASES WAS PROVIDED BY THE CITY OF MESA HOME FUNDS.

-CHANDLER: ONE SINGLE FAMILY DETACHED HOME WAS COMPLETED IN CHANDLER. THIS HOME WILL BE LEED SILVER CERTIFIED, ALLOWING HABITAT TO RECEIVE FULL REIMBURSEMENT FROM THE CITY OF CHANDLER FOR THE PERMITTING FEES. ONE VACANT FORECLOSED HOME WAS RENOVATED AND WILL BE CERTIFIED LEED PLATINUM.

-GLENDALE: WE COMPLETED FOUR NEW HOMES AND RENOVATED TWO VACANT FORECLOSED HOMES.

-PEORIA: FIVE VACANT FORECLOSED HOMES WERE RENOVATED AND ONE NEW HOME WAS BUILT.

-PHOENIX: WE COMPLETED SEVEN RENOVATIONS OF VACANT FORECLOSED HOMES. ONE NEW HOME WAS BUILT ON AN INFILL LOT. THIS HOME WAS BUILT IN

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

PARTNERSHIP WITH THE CITY OF PHOENIX YOUTHBUILD PROGRAM AND WILL BE CERTIFIED LEED PLATINUM. THREE HOMES WERE COMPLETED IN OUR VISTA DEL SOL SUBDIVISION. THESE HOMES WILL BE LEED CERTIFIED SILVER.

-SURPRISE: HABITAT CONTINUED BUILDING IN JOHNSON TOWNHOMES WITH THE CONSTRUCTION OF 5 MORE UNITS, COMPLETING A TOTAL OF 39 OF THE PLANNED 48 TOWNHOMES. THESE TOWNHOMES WILL BE CERTIFIED LEED SILVER.

-RENOVATION/REPAIR: HABITAT RENOVATED A TOTAL OF 16 HOMES THAT HAD BEEN VACANT AND FORECLOSED. IN ADDITION, WE BEGAN OUR A BRUSH WITH KINDNESS PROGRAM (A NEIGHBORHOOD REVITALIZATION INITIATIVE) AND BECAME THE PROVIDER FOR THE CITY OF GLENDALE EMERGENCY HOME REPAIR PROGRAM. IN TOTAL, 304 HOMES WERE REPAIRED.

ADDITIONALLY:

-WE PARTNERED WITH 10,375 VOLUNTEERS WHO SPENT 105,445 VOLUNTEER HOURS TO HELP WITH HOME CONSTRUCTION, PROPERTY MAINTENANCE, COMMITTEE WORK, OFFICE SUPPORT, OUTREACH, AND CUSTOMER SERVICE SUPPORT IN OUR RESTORES. BECAUSE OF THEIR DEDICATION TO THE HABITAT MISSION, HABITAT HAS REALIZED A LABOR SAVINGS OF $1,380,899.

-WE SERVED MORE THAN 79,800 CUSTOMERS AT OUR FOUR RESTORE LOCATIONS, WHICH GENERATED OVER $442,000 TO HELP FURTHER OUR MISSION.

-WE HAVE BECOME A RECOGNIZED LEADER IN THE CONSTRUCTION AND REHABILITATION OF HOMES THAT ARE REGISTERED AS LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) CERTIFICATION.

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

OUR EFFORTS BENEFIT FAMILIES WHO MEET OUR QUALIFICATIONS:

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

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

-HAVE A TWO-YEAR HISTORY OF STABLE INCOME.

-MONTHLY LONG-TERM DEBT PAYMENTS, INCLUDING PROSPECTIVE MORTGAGE PAYMENT, ARE LESS THAN 41% OF A FAMILY'S INCOME.

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

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

-ARE WILLING TO CONTRIBUTE AT LEAST 200 - 400 HOURS OF SWEAT EQUITY TOWARDS THE BUILDING OF HABITAT HOMES.

-ATTEND REQUIRED WORKSHOPS FOR SUCCESS IN HOMEOWNERSHIP.

HOMEOWNERS RECEIVE HOMEOWNERSHIP AND FINANCIAL FITNESS TRAINING WHICH COVERS BUDGETING, CREDIT, DELINQUENCY AND FORECLOSURE PREVENTION, REFINANCE, AND ANTI-PREDATORY LENDING COUNSELING. FAMILIES LEARN HOW TO PREPARE FOR CLOSING DAY, AND HOW TO MAINTAIN THE INVESTMENT IN THEIR

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

HOME. APPROXIMATELY TWO HOURS OF THIS CLASS ARE ALLOCATED TO THE TOPIC OF PREDATORY LENDING. FINANCIAL LITERACY TRAINING COVERS MONEY MANAGEMENT AND FINANCIAL PLANNING SKILLS. THEY ALSO LEARN ABOUT CC&RS, HOA, HOME MAINTENANCE, WARRANTIES, BY-LAWS, MEETINGS, VOTING & COMMITTEE STRUCTURES.

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

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

ADDITIONAL ACCOMPLISHMENTS FOR FY 11-12 INCLUDE THE FOLLOWING:

-HELD 12 COMMUNITY PRESENTATIONS.

-DEVELOPED 57 NEW COMMUNITY PARTNERSHIPS.

-RESPONDED TO MORE THAN 2,790 INQUIRIES (WEBSITE, WALK-INS, PHONE CALLS).

-PRE-SCREENED 199 APPLICANTS.

-COMPLETED 55 HOME VISITS

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

-QUALIFIED 57 APPLICANTS.

-REFERRED 141 FAMILIES TO OTHER PROGRAMS AND/OR SERVICES.

-PREPARED 54 FAMILIES FOR FUTURE HOME-OWNERSHIP IN THE COMING YEAR.

-SERVED 35 FAMILIES (103 INDIVIDUALS - 56 CHILDREN AND 47 ADULTS) OF WHICH 62% WERE HISPANIC, 17% WERE AFRICAN-AMERICAN, .05% WERE CAUCASIAN AND .14% WERE MULTI-NATIONAL.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE IS PRESENTED THE DRAFT FORM 990 PRIOR TO FILING. THE BOARD OF DIRECTORS IS THEN PRESENTED THE DRAFT FOR THEIR REVIEW AND APPROVAL. ONCE APPROVED, THE CHIEF OPERATING OFFICER NOTIFIES THE OUTSIDE TAX PREPARER TO FINALIZE THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: IF ANY CONFLICTS ARISE, THEY ARE SUBMITTED TO THE SECRETARY. UPON THE DISCLOSURE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST OF A DIRECTOR, OFFICER OR STAFF PERSON, THE BOARD SECRETARY WILL DISCLOSE THE CONFLICT TO THE BOARD WHO CAN THEN VOTE ON THE CONFLICT WITH THE PERSON IN QUESTION EXCUSED FROM THE ROOM WITH THE MINUTES REFLECTING THE VOTE AND THAT THE INTERESTED PARTY DID NOT TAKE PART IN THE VOTE.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS DETERMINED BY COMPARABILITY DATA AND SALARY SURVEYS FROM LOCAL SIMILAR NON-PROFITS. THE SALARY IS APPROVED BY THE PERSONNEL COMMITTEE.

Name of the organization: HABITAT FOR HUMANITY CENTRAL ARIZONA

Employer identification number: 74-2401708

THE MOST RECENT YEAR IN WHICH THE PROCESS INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION WAS 2007.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE OR UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	2,870.
PRIOR PERIOD ADJUSTMENTS:	349,940.
TOTAL TO FORM 990, PART XI, LINE 5	352,810.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

Form **8868**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

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

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

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

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

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

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

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	HABITAT FOR HUMANITY CENTRAL ARIZONA	[X] 74-2401708
	Number, street, and room or suite no. If a P.O. box, see instructions. 9133 NW GRAND AVE, NO. #1	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PEORIA, AZ 85345	

Enter the Return code for the return that this application is for (file a separate application for each return) ▶ 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ HOLLY BAIRD 9133 NW GRAND AVE. STE. 1 - PEORIA, AZ 85345
  Telephone No. ▶ (623) 583-2417 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2011, and ending JUN 30, 2012.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

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

TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 99

FOR THE YEAR ENDING

June 30, 2012

Prepared for	Habitat For Humanity Central Arizona 9133 NW Grand Ave No. #1 Peoria, AZ 85345
Prepared by	CLIFTONLARSONALLEN LLP 20 EAST THOMAS ROAD, SUITE 2300 PHOENIX, AZ 85012
Amount due or refund	No payment required
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Arizona Department of Revenue PO Box 52153 Phoenix, AZ 85072-2153
Return must be mailed on or before	May 15, 2013
Special Instructions	The return should be signed and dated by an authorized individual.

ARIZONA FORM 99 Arizona Exempt Organization Annual Information Return 2011

For the ☐ calendar year 2011 or ☒ fiscal year beginning 07/01/11 and ending 06/30/12 .

CHECK ONE: Original ☒ Amended ☐

Pls Type or Print

Name: HABITAT FOR HUMANITY CENTRAL ARIZONA

Number and street or PO Box: 9133 NW GRAND AVE

City or town, state and ZIP code: PEORIA, AZ 85345

Employer identification number (EIN): 74-2401708

AZ transaction privilege tax number: N/A

Business telephone number: 623-583-2417

68 Check box if: ☐ This is a first return ☐ Name change ☐ Address change

CHECK BOX IF: Return filed under extension. 82 3-mos. Fed 82C ☒ 6-mos. AZ - Fed 82F ☐

A Date Arizona operations began 12/26/1985

B Nature of Arizona activities FORM 990, PART I, LINE 1

C Check federal form filed: ☒ 990 ☐ 990-EZ ☐ Other (specify) _____

Attach a copy of the organization's federal return.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

81 66

Sources of Income	1	Gross sales or receipts from business activities	1	5,054,265 00			
	2	Less: Cost of goods sold or of operations - *attach itemized statement* STMT 1	2	4,583,808 00			
	3	Gross profit from business activities - *subtract line 2 from line 1*	3	470,457 00			
	4	Interest	4	8,121 00			
	5	Dividends	5	00			
	6	Rents and royalties	6	00			
	7	Gain or (loss) from sales of assets, excluding inventory items	7	120,629 00			
	8	Dues, assessments, etc., from members	8	00			
	9	Dues, assessments, etc., from affiliated organizations	9	00			
	10	Contributions, gifts, grants, etc., received	10	4,274,839 00			
	11	Other income - *attach itemized statement*	11	2,413,502 00	STATEMENT 3		
	12	Total income - *add lines 3 through 11*				12	7,287,548 00
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	13	103,508 00			
	14	Salaries and wages - *other than amounts included on line 2*	14	891,909 00			
	15	Interest	15	36,956 00			
	16	Taxes	16	91,875 00			
	17	Rent expense	17	142,125 00			
	18	Depreciation - *attach schedule*	18	29,160 00	STATEMENT 2		
	19	Miscellaneous expenses - *attach itemized statement*	19	-52,794 00	STATEMENT 4		
	20	Total expenses - *add lines 13 through 19*				20	1,242,739 00
Disbursements From Current Income for the Organization's Exempt Purposes	21	Dues, assessments, etc., to affiliated corporations	21	74,518 00			
	22	Contributions, gifts, grants, etc., paid	22	4,043,419 00			
	23	Benefit payments to or for members or their dependents:					
		a. Death, sickness, hospitalization, disability, or pension benefits	23a	00			
		b. Other benefits	23b	00			
	24	Dividends and other distributions to members, shareholders, or depositors	24	00			
	25	Other	25	1,760,836 00	STATEMENT 5		
	26	Total - *add lines 21 through 25*				26	5,878,773 00
Disbursements From Principal for the Organization's Exempt Purposes	27	Dues, assessments, etc., to affiliated corporations	27	00			
	28	Contributions, gifts, grants, etc., paid	28	00			
	29	Benefit payments to or for members or their dependents:					
		a. Death, sickness, hospitalization, disability, or pension benefits	29a	00			
		b. Other benefits	29b	00			
	30	Dividends and other distributions to members, shareholders, or depositors	30	00			
	31	Other	31	00			
	32	Total - *add lines 27 through 31*				32	00
Other	33	Other disbursements not itemized above - *attach schedule*				33	-352,810 00
Accumulation of Income	34	Accumulation of income in current year - *line 12 less the sum of lines 20, 26, 32, and 33*				34	518,846 00
	35	Accumulation of income at beginning of year				35	20,511,573 00
137971 10-24-11	36	Accumulation of income at end of year - *add lines 34 and 35*				36	21,030,419 00
Penalty	37	Penalty for late filing or incomplete filing - *See instructions*				37	00

ADOR 10418 (11)

THE EXEMPT ORGANIZATION IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. ARS § 42-1125(K).

Schedule A - Balance Sheet

NOTE: *Amounts used in attached schedules and in this column should be end of year amounts.*			(a) Beginning of year		(b) End of year
Assets					
A1 Cash			2,618,064 00	A1	2,393,562 00
A2a Accounts receivable	A2a	00			
b Less: allowance for doubtful accounts	A2b	00			
c Line A2a less line A2b. Enter difference in column (b)			00	A2c	00
A3a Other notes and loans receivable - *attach schedule*	A3a	00			
b Less: allowance for doubtful accounts	A3b	00			
c Line A3a less line A3b. Enter difference in column (b)			00	A3c	00
A4 Inventories			226,343 00	A4	244,303 00
A5 Investments (securities) - *attach schedule* SEE STATEMENT 6			180,044 00	A5	185,264 00
A6 Investments (other) - *attach schedule* SEE STATEMENT 7			16,775,707 00	A6	16,833,646 00
A7a Land, buildings, and equipment; basis	A7a	7,210,082 00			
b Less: accumulated depreciation - *attach schedule*	A7b	704,645 00			
c Line A7a less line A7b. Enter difference in column (b)			6,544,349 00	A7c	6,505,437 00
A8 Other assets - *describe* SEE STATEMENT 8			1,621,858 00	A8	1,596,572 00
A9 **Total assets** - *add lines A1 through A8*			27,966,365 00	A9	27,758,784 00
Liabilities					
A10 Accounts payable and accrued expenses			683,916 00	A10	738,719 00
A11 Mortgages and other notes payable - *attach schedule* STATEMENT 9			2,722,075 00	A11	2,640,094 00
A12 Other liabilities - *describe* SEE STATEMENT 10			4,048,801 00	A12	3,349,552 00
A13 **Total liabilities** - *add lines A10 through A12*			7,454,792 00	A13	6,728,365 00
Net Assets					
A14 Capital stock or trust principal			00	A14	00
A15 Paid-in or capital surplus			00	A15	00
A16 Retained earnings or accumulated income			20,511,573 00	A16	21,030,419 00
A17 **Total net assets** - *add lines A14 through A16*			20,511,573 00	A17	21,030,419 00
A18 **Total liabilities and net assets** - *add lines A13 and A17*			27,966,365 00	A18	27,758,784 00

Certification 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 a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here

Officer's signature | Date | CEO (Title)

Paid Preparer's Use Only

Preparer's signature | 2/11/13 (Date) | P01300648 (Preparer's EIN, PTIN or SSN)

CLIFTONLARSONALLEN LLP (Firm's name (or preparer's, if self-employed)) | 41-0746749 (Firm's [X] EIN or [ ] SSN)

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Firm's address

137972
10-24-11

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153

ADOR 10418 (11)

AZ 99 COST OF GOODS SOLD STATEMENT 1

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR		
2.	MERCHANDISE PURCHASED.	4,583,808	
3.	COST OF LABOR.		
4.	MATERIALS AND SUPPLIES		
5.	OTHER COSTS.		
6.	ADD LINES 1 THROUGH 5		4,583,808
7.	INVENTORY AT END OF YEAR		
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		4,583,808

AZ 99 DEPRECIATION/AMORTIZATION EXPENSE STATEMENT 2

DESCRIPTION	AMOUNT
DEPRECIATION/AMORTIZATION	29,160.
TOTAL TO FORM 99, PAGE 1, LINE 18	29,160.

AZ 99 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
OTHER INCOME	23,473.
LATE PAYMENT PENALTIES	18,701.
GAIN ON SUBORDINATE LI	16,102.
HOME TRANSFERS	2,355,498.
HOME REPAIR PROGRAM	113,424.
ALL OTHER REVENUE	-113,696.
TOTAL TO FORM 99, PAGE 1, LINE 11	2,413,502.

AZ 99 MISC EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
DIRECT EXPENSES OF FUNDRAISING EVENTS	47,421.
PENSION PLAN CONTRIBUTIONS	26,757.
OTHER EMPLOYEE BENEFITS	131,100.
LEGAL FEES	19,879.
ACCOUNTING FEES	30,058.
OFFICE EXPENSES	97,149.
TRAVEL	17,558.
INSURANCE	29,598.
MISC. EXPENSES	107,257.
OVERHEAD APPLIED	-559,571.
TOTAL TO FORM 99, PAGE 1, LINE 19	-52,794.

AZ 99 OTHER EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, ETC.	103,508.
OTHER SALARIES AND WAGES	798,331.
PENSION PLAN CONTRIBUTIONS	23,949.
OTHER EMPLOYEE BENEFITS	145,939.
PAYROLL TAXES	73,805.
LEGAL FEES	2,171.
OTHER PROFESSIONAL FEES	93,080.
OFFICE EXPENSES	13,213.
OCCUPANCY	33,380.
TRAVEL	19,804.
INTEREST	15,656.
DEPRECIATION/AMORTIZATION	18,443.
INSURANCE	88,615.
MISC. EXPENSES	138,147.
OVERHEAD APPLIED	551,429.
TRANSFERRED TO CONSTRUC	-358,634.
TOTAL TO FORM 99, PAGE 1, LINE 25	1,760,836.

AZ 99 INVESTMENTS (SECURITIES) STATEMENT 6

DESCRIPTION	BEG OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	180,044.	185,264.
TOTAL TO FORM 99, PAGE 2, LINE A5	180,044.	185,264.

AZ 99 INVESTMENTS (OTHER) STATEMENT 7

DESCRIPTION	BEG OF YEAR	END OF YEAR
MORTGAGE LOANS	15,006,779.	15,401,238.
LAND HELD FOR DEVELOPMENT	1,768,928.	1,432,408.
TOTAL TO FORM 99, PAGE 2, LINE A6	16,775,707.	16,833,646.

AZ 99 OTHER ASSETS STATEMENT 8

DESCRIPTION	BEG OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	1,432,616.	1,389,687.
PREPAID EXPENSES AND DEFERRED CHARGES	189,242.	206,885.
TOTAL TO FORM 99, PAGE 2, LINE A8	1,621,858.	1,596,572.

AZ 99 MORTGAGES AND OTHER NOTES PAYABLE STATEMENT 9

DESCRIPTION	BEG OF YEAR	END OF YEAR
ESCROW ACCOUNT LIABILITIES	96,301.	55,052.
MORTGAGES/NOTES TO UNRELATED 3RD PARTIES	2,625,774.	2,585,042.
TOTAL TO FORM 99, PAGE 2, LINE A11	2,722,075.	2,640,094.

AZ 99 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	BEG OF YEAR	END OF YEAR
LAND HELD BY CITY OF GLENDALE	402,752.	139,686.
DUE TO HABITAT INTERNATIONAL, INC.	14,288.	14,347.
DEFERRED REVENUE	3,631,761.	3,195,519.
TOTAL TO FORM 99, PAGE 2, LINE A12	4,048,801.	3,349,552.