HABITAT FOR HUMANITY, VALLEY OF THE SUN, INC.

INCOME TAX RETURNS

JUNE 30, 2007

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

B Check if applicable: Address change; Name change; Initial return; Final return; Amended return; Application pending

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

C Name of organization: HABITAT FOR HUMANITY, VALLEY OF THE SUN, INC.

Number and street (or P.O. box if mail is not delivered to street address): 115 EAST WATKINS — Room/suite:

City or town, state or country, and ZIP + 4: PHOENIX, AZ 85004

D Employer identification number: 86-0579130

E Telephone number: (602)268-9022

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶

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

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

G Website: ▶ WWW.HABITATAZ.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 11,664,055.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	6,389,879.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	186,361.		
	e	Total (add lines 1a through 1d) (cash $ 3,971,906. noncash $ 2,604,334.)			1e	6,576,240.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	3,651,623.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	22,817.
	5	Dividends and interest from securities			5	
	6 a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: 67,108.	8a	(B) Other:		
	b	Less: cost or other basis and sales expenses — (A): 65,756.	8b	(B):		
	c	Gain or (loss) (attach schedule) — (A): 1,352.	8c	(B):		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	1,352.
	9	Special events and activities (attach schedule). If any amount is fromgaming, check here ▶ ☒				
	a	Gross revenue (not including $ 119,662. of STMT 1 contributions reported on line 1b) STMT 2	9a	264,730.		
	b	Less: direct expenses other than fundraising expenses	9b	75,753.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	188,977.
	10 a	Gross sales of inventory, less returns and allowances	10a	1,081,537.		
	b	Less: cost of goods sold STMT 3	10b	1,192,271.		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	-110,734.
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	10,330,275.
Expenses	13	Program services (from line 44, column (B))			13	7,262,189.
	14	Management and general (from line 44, column (C))			14	636,160.
	15	Fundraising (from line 44, column (D))			15	1,220,018.
	16	Payments to affiliates (attach schedule) STMT 4			16	119,275.
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	9,237,642.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	1,092,633.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	10,998,238.
	20	Other changes in net assets or fund balances (attach explanation) STMT 5			20	17,791.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	12,108,662.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

JSA
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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 2,100. noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22b	2,100.	2,100.	STMT 6	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	359,327.	100,112.	84,282.	STMT 7 174,933.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,215,255.	607,141.	109,992.	498,122.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	216,911.	129,739.	48,527.	38,645.
29 Payroll taxes	29	155,934.	80,834.	33,948.	41,152.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	69,591.		69,591.	
33 Supplies	33	35,832.	13,508.	22,324.	
34 Telephone	34	37,150.		34,447.	2,703.
35 Postage and shipping	35	10,102.		10,102.	
36 Occupancy	36	317,335.		119,461.	197,874.
37 Equipment rental and maintenance	37	13,504.	3,973.	9,531.	
38 Printing and publications	38	2,856.		2,856.	
39 Travel	39	52,978.	40,373.	12,605.	
40 Conferences, conventions, and meetings	40	12,563.	4,839.	7,724.	
41 Interest	41	252,220.	252,220.		
42 Depreciation, depletion, etc. (attach schedule)	42	26,439.		19,532.	6,907.
43 Other expenses not covered above (itemize):					
a STMT 8	43a	6,338,270.	6,027,350.	51,238.	259,682.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	9,118,367.	7,262,189.	636,160.	1,220,018.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ______ ; (ii) the amount allocated to Program services $ ______ ;
(iii) the amount allocated to Management and general $ ______ ; and (iv) the amount allocated to Fundraising $ ______

Part III **Statement of Program Service Accomplishments** *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's ograms and accomplishments.

at is the organization's primary exempt purpose? ▶ SEE STATEMENT 9 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a CONSTRUCTION OF HOMES FOR QUALIFIED WORKING POOR TRANSFERRED AT COST WITH NO INTEREST. DURING THE YEAR ENDED JUNE 30, 2007, 42 HOMES WERE SOLD. (Grants and allocations $ 2,100.) If this amount includes foreign grants, check here ▶ ☐	7,262,189.
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	7,262,189.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45	Cash - non-interest-bearing		150.	45	320,322.
46	Savings and temporary cash investments		1,669,198.	46	162,258.
47a	Accounts receivable	47a			
b	Less: allowance for doubtful accounts	47b		47c	
48a	Pledges receivable	48a 252,177.			
b	Less: allowance for doubtful accounts	48b	686,843.	48c	252,177.
49	Grants receivable			49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
51a	Other notes and loans receivable (attach schedule)	51a NONE			
b	Less: allowance for doubtful accounts	51b	8,584,772.	51c	NONE
52	Inventories for sale or use		57,300.	52	106,535.
53	Prepaid expenses and deferred charges		14,844.	53	16,500.
54a	Investments - publicly-traded securities ▶ ☐ Cost ☒ FMV		119,712.	54a	157,437.
b	Investments - other securities (attach schedule) ▶ ☐ Cost ☐ FMV			54b	
55a	Investments - land, buildings, and equipment: basis	55a			
b	Less: accumulated depreciation (attach schedule)	55b		55c	
56	Investments - other (attach schedule)			56	
57a	Land, buildings, and equipment: basis	57a 220,681.			
b	Less: accumulated depreciation (attach schedule)	57b 134,099.	54,017.	57c	86,582.
58	Other assets, including program-related investments (describe ▶ STMT 10)		4,799,508.	58	16,629,299.
59	**Total assets** (must equal line 74). Add lines 45 through 58		15,986,344.	59	17,731,110.
Liabilities					
60	Accounts payable and accrued expenses		440,530.	60	703,474.
61	Grants payable			61	
62	Deferred revenue			62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
64a	Tax-exempt bond liabilities (attach schedule)			64a	
b	Mortgages and other notes payable (attach schedule) STMT 11		4,547,576.	64b	4,918,974.
65	Other liabilities (describe ▶)			65	
66	**Total liabilities.** Add lines 60 through 65		4,988,106.	66	5,622,448.
Assets or Fund Balances					
	Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted		10,862,626.	67	11,973,050.
68	Temporarily restricted		135,612.	68	135,612.
69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds			70	
71	Paid-in or capital surplus, or land, building, and equipment fund			71	
72	Retained earnings, endowment, accumulated income, or other funds			72	
73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		10,998,238.	73	12,108,662.
74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		15,986,344.	74	17,731,110.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	10,156,839.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2	393,195.		
3	Recoveries of prior year grants	b3			
4	Other (specify): SEE STATEMENT 13	b4	110,734.		
	Add lines b1 through b4			b	503,929.
c	Subtract line b from line a			c	9,652,910.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify): SEE STATEMENT 14	d2	677,365.		
	Add lines d1 and d2			d	677,365.
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e	10,330,275.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	8,927,140.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1	393,195.		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): SEE STATEMENT 15	b4	110,734.		
	Add lines b1 through b4			b	503,929.
c	Subtract line b from line a			c	8,423,211.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify): SEE STATEMENT 16	d2	814,431.		
	Add lines d1 and d2			d	814,431.
e	**Total expenses** (Part I, line 17). Add lines c and d ▶			e	9,237,642.

Part V-A Current Officers, Directors, Trustees, and Key Employees
(List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 17		333,209.	26,118.	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 28			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶ If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a NONE			
b	Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information *(continued)*

		Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount revenue in Part I or as an expense in Part II. (See instructions in Part III.) — 82b: 393,195.			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 *501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	85a	N/A	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members — 85c: N/A			
d Section 162(e) lobbying and political expenditures — 85d: N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86 *501(c)(7) orgs.* Enter: a Initiation fees and capital contributions included on line 12 — 86a: N/A			
b Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87 *501(c)(12) orgs.* Enter: a Gross income from members or shareholders — 87a: N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b: N/A			
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		X
89a *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE			
b *501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE			
e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f *All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g *For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	N/A	

90a List the states with which a copy of this return is filed ▶ ARIZONA

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) — 90b: 36

91a The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (602)268-9022

Located at ▶ 115 EAST WATKINS, PHOENIX, AZ ZIP + 4 ▶ 85004

		Yes	No
b 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)?	91b		X
If "Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . If "Yes," enter the name of the foreign country ▶	91c		X

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** - Check here . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ | 92 | NONE

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a HOME TRANSFERS					2,665,958.
b AMORT OF MTG DISC					976,330.
c APPLICATION FEES					9,335.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies .					
94 Membership dues and assessments . . .					
95 Interest on savings and temporary cash investments			14	22,817.	
96 Dividends and interest from securities . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,352.	
101 Net income or (loss) from special events .			01	188,977.	
102 Gross profit or (loss) from sales of inventory . .			18	-110,734.	
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)). .				102,412.	3,651,623.

105 **Total** (add line 104, columns (B), (D), and (E)) . . . . ▶ 3,754,035.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	STMT 21

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . ☐ Yes [X] No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes [X] No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

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.

Debra Bradley — Signature of officer | 5-15-08 — Date

Debra Bradley CFO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date 5/14/2008	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	CBIZ ATA SERVICES, LLC	EIN	34-1884125
	3101 N. CENTRAL AVE., STE 300	Phone no.	602-264-6835
	PHOENIX, AZ 85012		

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

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2006

Name of the organization	Employer identification number
HABITAT FOR HUMANITY, VALLEY OF THE SUN, INC.	86-0579130

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 22				
Total number of other employees paid over $50,000 . . ▶	NONE			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 23		
Total number of others receiving over $50,000 for professional services . . . . ▶ NONE		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services . . . . ▶ NONE		

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

Schedule A (Form 990 or 990-EZ) 2006

JSA
6E1210 2.000

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ NONE (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property? STMT 24	2a	X	
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE 990, PART V	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	
d	Enter the total number or donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶			NONE
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶			NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 [ ] A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 [ ] 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 charitable, etc., 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 by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

[ ] Type I [ ] Type II [ ] Type III - Functionally Integrated [ ] Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do ' include unusual grants. See line 28.)	3,902,229.	2,785,956.	2,950,048.	2,342,625.	11,980,858.
16 .mbership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,393,337.	2,060,787.	1,648,925.	1,638,884.	8,741,933.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,570.	11,859.	9,767.	17,461.	49,657.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	4,330.	12,647.			16,977.
23 Total of lines 15 through 22	7,310,466.	4,871,249.	4,608,740.	3,998,970.	20,789,425.
24 Line 23 minus line 17	3,917,129.	2,810,462.	2,959,815.	2,360,086.	12,047,492.
25 ter 1% of line 23	73,105.	48,712.	46,087.	39,990.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 240,950.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 214,495.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 12,047,492.

d Add: Amounts from column (e) for lines: 18 49,657. 19 ______ 22 16,977. 26b 214,495. ▶ 26d 281,129.

e Public support (line 26c minus line 26d total) ▶ 26e 11,766,363.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 97.6665 %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

NOT APPLICABLE

(2005) ______ (2004) ______ (2003) ______ (2002) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2005) ______ (2004) ______ (2003) ______ (2002) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return. Do not include these grants in line 15.**

Part V **Private School Questionnaire** (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ▶ a [ ] if the organization belongs to an affiliated group. Check ▶ b [ ] if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is -	**The lobbying nontaxable amount is -**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities** NOT APPLICABLE
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization: HABITAT FOR HUMANITY, VALLEY OF THE SUN, INC.

Employer identification number: 86-0579130

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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* ***must*** *check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

Name of organization: HABITAT FOR HUMANITY, VALLEY OF THE SUN, INC.

Employer identification number: 86-0579130

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BIEHN COLONY TRUST 3300 N. CENTRAL AVE, SUITE 1800 PHOENIX, AZ 85012	1,200,000.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
2	SRP 1521 N. PROJECT DRIVE TEMPE, AZ 85281	142,933.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
3	ACHEN GARDNER INC 550 S. 79TH ST. CHANDLER, AZ 85226	150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	WHIRLPOOL CORPORATION 2000 N. M-63 MD #2804 BENTON HARBOR, MI 49022	585,000.	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.)

Name of organization HABITAT FOR HUMANITY, VALLEY OF THE SUN, INC.

Employer identification number 86-0579130

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	25 RESIDENTIAL LOTS IN THE TOWN OF GUADALUPE VALUED AT $48,000 EACH	$ 1,200,000.	08/22/2006
2	18 SOLAR PANELS VALUED AT $29,778 EACH	$ 142,933.	06/30/2007
		$	
		$	
		$	
		$	

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

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

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

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print			
File by the extended due date for filing the return. See instructions.	Name of Exempt Organization: HABITAT FOR HUMANITY, VALLEY OF THE SUN, INC.		Employer identification number: 86-0579130
	Number, street, and room or suite no. If a P.O. box, see instructions. 115 EAST WATKINS		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIX, AZ 85004		

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

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

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

• The books are in the care of ▶ THE ORGANIZATION
Telephone No. ▶ 602 268-9022 FAX No. ▶

• If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 20 08 .

5 For calendar year ______ , or other tax year beginning 07/01, 20 06 and ending 06/30, 20 07 .

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

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

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

Signature and Verification

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

Signature ▶ Title ▶ Date ▶ 1/30/2008

Notice to Applicant. (To Be Completed by the IRS)

- [ ] We **have** approved this application. Please attach this form to the organization's return.
- [ ] We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- [ ] We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- [ ] We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- [ ] Other ______

______ By: ______ ______
Director Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	
	Name CBIZ ATA SERVICES, LLC
	Number and street (include suite, room, or apt. no.) or a P.O. box number 3101 N. CENTRAL AVE., STE 300
	City or town, province or state, and country (including postal or ZIP code) PHOENIX, AZ 85012

JSA
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AOF069 A11A 01/24/2008 17:22:31 V06-8.4 2453-10

Form **8868**

(Rev. April 2007)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

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

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

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

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . ▶ [ ]

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

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return. See instructions.	HABITAT FOR HUMANITY, VALLEY OF THE SUN, INC.	86-0579130
	Number, street, and room or suite no. If a P.O. box, see instructions. 115 EAST WATKINS	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIX, AZ 85004	

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

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

- The books are in the care of ▶ THE ORGANIZATION

Telephone No. ▶ 602 268-9022 FAX No. ▶

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

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 02/15, 2008 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year ______ or

▶ [X] tax year beginning 07/01, 2006 , and ending 06/30, 2007 .

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

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

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

F M 990, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
GOLF TOURNAMENT	90,052.
BLUEPRINTS & BLUEJEANS	29,610.
BUILDING MORE THAN HOUSES	NONE
TOTAL	119,662.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	15,600.	31,333.	-15,733.
BLUEPRINTS & BLUEJEANS	233,592.	35,553.	198,039.
BUILDING MORE THAN HOUSES	15,538.	8,867.	6,671.
TOTALS	264,730.	75,753.	188,977.

I .M 990, PART I - COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR	57,300.
PURCHASES	1,241,506.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	1,298,806.
MINUS ENDING INVENTORY	106,535.
COST OF GOODS SOLD	1,192,271.

F◌RM 990, PART I - PAYMENTS TO AFFILIATES

DESCRIPTION	AMOUNT
HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 31709-3498	119,275.
TOTAL	119,275.

F[illegible]RM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAIN	17,791.
TOTAL	17,791.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
SOUTH MOUNTAIN Y.M.C.A 222 E. OLYMPIC DR PHOENIX, AZ 85040	NONE EXEMPT	STRONG KIDS CAMP	1,000.
C O GREENFIELD SCHOOL 7009 S. 10TH ST PHOENIX, AZ 85042	NONE PUBLIC EDUCATION	FUND TRIP TO WASHINGTON FOR STUDENTS	900.
EPIPHANY LUTHERAN CHURCH 800 W. RAY ROAD CHANDLER, AZ 85225	NONE EXEMPT	UNRESTRICTED	200.
		TOTAL CONTRIBUTIONS PAID	2,100.

1 .M 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

CURRENT OFFICER NAME	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CHRISTINE ODOM			
COMPENSATION:	30,000.	15,000.	55,000.
CONTRIBUTIONS TO BENEFIT PLANS:	1,661.	831.	3,045.
EXPENSE ACCOUNT:	NONE	NONE	NONE
DEBRA BRADLEY			
COMPENSATION:	40,517.	40,517.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:	7,167.	7,167.	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
MARILYN D'AUNOY			
COMPENSATION:	NONE	NONE	75,000.
CONTRIBUTIONS TO BENEFIT PLANS:	NONE	NONE	354.
EXPENSE ACCOUNT:	NONE	NONE	NONE
JOHN BOOHER			
COMPENSATION:	19,294.	19,294.	38,587.
CONTRIBUTIONS TO BENEFIT PLANS:	1,473.	1,473.	2,947.
EXPENSE ACCOUNT:	NONE	NONE	NONE
TOTALS	100,112.	84,282.	174,933.

STATEMENT 7

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CREDIT REPORTS	6,955.	6,955.		
MEMBERSHIPS AND DUES	2,298.		2,298.	
LICENSES AND FEES	39,817.	34,682.	4,058.	1,077.
INSURANCE	68,924.		55,327.	13,597.
BANK CHARGES	24,724.		24,724.	
HOME CONSTRUCTION COSTS	5,770,321.	5,770,321.		
PROPERTY TAXES	14,684.	14,684.		
MARKETING	27,837.			27,837.
MISCELLANEOUS EXPENSE	10,379.	8,324.	544.	1,511.
MORTGAGE SERVICING	39,065.	39,065.		
APPLICATION ORIENTATION	791.	791.		
STIPEND - VOL	85,586.	85,586.		
INFORMATION TECHNOLOGY	7,146.		7,146.	
ADMINISTRATIVE SUPPORT	-176,000.		-176,000.	
FUND DEVELOPMENT	11,794.			11,794.
DONOR INITIATIVE	40,853.			40,853.
ADOPT A HOME	39,141.			39,141.
PROSPECT INITIATIVE	18,214.			18,214.
COMMUNITY COMMUNICATION	100,772.			100,772.
UTILITIES	36,744.		31,858.	4,886.
REPAIRS & MAINTENANCE	48,859.	16,535.	32,324.	
JANITORIAL EXPENSE	5,000.		5,000.	
PAYROLL EXPENSE	43,187.	43,187.		
PROFESSIONAL FEES	7,220.	7,220.		
WHIRLPOOL BUILDING EXP	63,959.		63,959.	
TOTALS	6,338,270.	6,027,350.	51,238.	259,682.

ı .M 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THIS CORPORATION IS A NONPROFIT PUBLIC BENEFIT CORPORATION AND IS NOT ORGANIZED FOR THE PRIVATE GAIN OF ANY PERSON. IT IS ORGANIZED UNDER THE NONPROFIT PUBLIC BENEFIT COPORATION LAW FOR CHARITABLE AND RELIGIOUS PURPOSES. THE PHILOSOPHY THAT GUIDES THE ACTIVITIES OF THIS CORPORATION IS DERIVED FROM THE HOLY BIBLE IN GENERAL, AND FROM THE EXPRESSED WORDS AND WORKS OF JESUS CHRIST, IN PARTICULAR. AS REPRESENTATIVE OF GOD'S LOVE, THIS CORPORATION WILL SHARE RESOURCES AND WORK TOGETHER WITH MEMEBERS OF THIS COMMUNITY WHO LACK ADEQUATE HOUSING, TO HELP THEM OBTAIN OWNERSHIP OF MODEST,AFFORDABLE DWELLINGS. THIS CORPORATION ACKNOWLEDGES THE LOCAL, NATIONAL AND INTERNATIONAL CONCEPTS OF HABITAT INTERNATIONAL. IT UPHOLDS THE BELIEF THAT GOD WILL OPERATE THROUGH HIS PEOPLE TO SUPPORT THIS PROGRAM.

STATEMENT 9

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
PROPERTY HELD FOR SALE	5,724,017.
MODEL HOMES	315,905.
MORTGAGES RECEIVABLE	10,589,377.
TOTALS	16,629,299.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: HABITAT-INTERNATIONAL
ORIGINAL AMOUNT: 235,073.
INTEREST RATE: NONE
DATE OF NOTE: 08/06/1997
MATURITY DATE: 06/01/2007
REPAYMENT TERMS: MONTHLY PAYMENTS OF $263
SECURITY PROVIDED: UNSECURED
PURPOSE OF LOAN: OPERATIONS

BEGINNING BALANCE DUE	8,111.
ENDING BALANCE DUE	NONE

LENDER: WELLS FARGO LINE OF CREDIT
ORIGINAL AMOUNT: 500,000.
INTEREST RATE: 9.250000
REPAYMENT TERMS: INTEREST DUE MONTHLY
SECURITY PROVIDED: UNSECURED
PURPOSE OF LOAN: CASH FLOW

BEGINNING BALANCE DUE	142,465.
ENDING BALANCE DUE	389,474.

LENDER: MARICOPA COUNTY IDA
ORIGINAL AMOUNT: 1,577,000.
INTEREST RATE: 3.000000
DATE OF NOTE: 09/01/2005
MATURITY DATE: 09/01/2010
REPAYMENT TERMS: INTEREST PAYMENTS DUE MONTHLY
SECURITY PROVIDED: DEED OF TRUST
PURPOSE OF LOAN: CONSTRUCTION OF HOMES

BEGINNING BALANCE DUE	1,577,000.
ENDING BALANCE DUE	1,577,000.

LENDER:	CITY OF CHANDLER
ORIGINAL AMOUNT:	120,000.
INTEREST RATE:	NONE
DATE OF NOTE:	VAR
MATURITY DATE:	VAR
REPAYMENT TERMS:	FORGIVEN AFTER 3 YRS IF SOLD TO LOW INCOME FAMILY
SECURITY PROVIDED:	REAL ESTATE
PURPOSE OF LOAN:	AQUISITION OF FOUR UNITS OF PROPERTY

BEGINNING BALANCE DUE	120,000.
ENDING BALANCE DUE	252,500.

LENDER:	WELLS FARGO LINE OF CREDIT
ORIGINAL AMOUNT:	2,700,000.
INTEREST RATE:	6.780000
DATE OF NOTE:	03/21/2006
MATURITY DATE:	04/01/2009
REPAYMENT TERMS:	INTEREST DUE MONTHLY
SECURITY PROVIDED:	MORTGAGE LOANS AND DEEDS OF TRUST
PURPOSE OF LOAN:	HOME CONSTRUCTION

BEGINNING BALANCE DUE	2,700,000.
ENDING BALANCE DUE	2,700,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	4,547,576.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	4,918,974.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
COST OF INVENTORY	110,734.
TOTAL	110,734.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
DISC. STORE OPERATING EXPENSES	676,013.
REALIZED GAIN ON SALE OF SECURITIES	1,352.
TOTAL	677,365.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION		AMOUNT
COST OF INVENTORY		110,734.
	TOTAL	110,734.

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

I ,CRIPTION	AMOUNT
DISC. STORE OPERATING EXPENSES INCLUDED IN REVENUES	676,013.
PAYMENTS TO AFFILIATES	119,275.
UNREALIZED GAIN/LOSS	19,143.
TOTAL	814,431.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DIANE M. HALLER 115 E. WATKINS PHOENIX, AZ 85004	DIRECTOR 2.00	NONE	NONE	NONE
DAVE SPRENTALL SAME AS ABOVE	CHAIR PERSON 2.00	NONE	NONE	NONE
JOAN JAYNES SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
ED BANAS SAME AS ABOVE	SECRETARY 2.00	NONE	NONE	NONE
ROMEO LEVESQUE SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
FRANCIENE SZNEWAJS SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
CHRISTINE ODOM SAME AS ABOVE	PRESIDENT/CEO 45.00	100,000.	5,537.	NONE
CHARLEY COPE SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
MAYRA CIRIBASSI SAME AS ABOVE	TREASURER 2.00	NONE	NONE	NONE
JOHN DRIGGS SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SHARON MAYER SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
BOB RASMUSSEN SAME AS ABOVE	VICE CHAIR PERSON 2.00	NONE	NONE	NONE
BONNIE R. KASTEN SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
MARY E. ADAMS, M.D. SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
MAGGIE BARKDOLL SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
RICHARD ERDMAN SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
TOM HOOVER SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
THURMAN JUDD SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
TODD KINNEY SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
RYC LOOPE SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
LEE MASHBURN	DIRECTOR 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SAME AS ABOVE				
JAMIE SHULMAN SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
CELIA SIAS SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
JIM STIREWALT SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
JAMES ADAIR SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
DEBRA BRADLEY SAME AS ABOVE	CFO/COO 45.00	81,034.	14,334.	NONE
REGGIE DYE SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
BILL NORD SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE
MARILYN D'AUNOY SAME AS ABOVE	CHIEF DEVELOPMENT OFFICER 45.00	75,000.	354.	NONE
JOHN BOOHER SAME AS ABOVE	DIRECTOR OF RETAIL OPERATIONS 45.00	77,175.	5,893.	NONE
JONATHAN VENTO SAME AS ABOVE	DIRECTOR 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
	GRAND TOTALS	333,209.	26,118.	NONE

. .M 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	HOMES ARE SOLD TO QUALIFIED WORKING POOR FAMILIES LIVING IN SUBSTANDARD HOUSING, AT COST WITH NO INTEREST.
93B	HOMES ARE SOLD WITH ZERO INTEREST MORTGAGES TO HELP QUALIFIED BUYERS ACQUIRE THEIR HOME. A PORTION OF THE SALES PRICE IS TAKEN INTO INCOME OVER TIME TO APPROXIMATE AN INTEREST FACTOR.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
CHESTER HOWE 115 E. WATKINS PHOENIX, AZ 85004	CHEIF TECH OFFICER 45.00	55,000.	5,424.	NONE
PAUL DEAN MURPHY SAME AS ABOVE	DIR. OF CONSTRUCTION 45.00	60,637.	5,462.	NONE
TANA NICHOLS SAME AS ABOVE	DIR LAND ACQUISITION 45.00	92,374.	5,520.	NONE
	TOTAL COMPENSATION	208,011.	16,406.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

CLOUSE ENGINEERING, INC 1642 E. ORANGEWOOD AVE PHOENIX, CA 85020	ENGINEERING	66,057.
VANTAGE MEDIA, LLC 11033 N. 10TH ST PHOENIX, AZ 85020	MARKETING/MEDIA	82,865.
	TOTAL COMPENSATION	148,922.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A

CERTAIN OFFICERS, DIRECTORS, KEY EMPLOYEES AND THEIR FAMILIES PURCHASED TICKETS TO FUNDRAISING EVENTS, MADE CONTRIBUTIONS TO THE ORGANIZATION, PROVIDED INSIGNIFICANT GOODS AND SERVICES TO THE ORGANIZATION DURING THE YEAR.

HABITAT FOR HUMANITY, VALLEY OF THE SUN, INC. 86-0579130

Schedul Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
SALE OF SECURITIES	VAR	VAR	67,108.	65,756.	1,352.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			67,108.	65,756.	1,352.
Totals			67,108.	65,756.	1,352.

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Habitat for Humanity, Valley of the Sun
EIN 86-0579130
Fixed Asset Schedule
6/30/2007

Description	Cost	Ending Accumulated Depriciation	Depreciation Expense	Net Book Value
Construction Equipment	30,990	30,990		0
Office Equipment	136,342	103,109	26,439	33,233
Home Improvement Center	53,349			53,349
Total	220,681	134,099	26,439	86,582