

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SAN DIEGO HABITAT FOR HUMANITY, INC.</b>		<b>D</b> Employer identification number <b>** - ***9190</b>
	Doing business as		<b>E</b> Telephone number <b>(619) 283-4663</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>8128 MERCURY COURT</b>		<b>G</b> Gross receipts \$ <b>12,162,935.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SAN DIEGO, CA 92111</b>		
<b>F</b> Name and address of principal officer: <b>ANDREA PETRAY</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

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

**J** Website: ▶ **WWW.SANDIEGOHABITAT.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1988** **M** State of legal domicile: **CA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SAN DIEGO HABITAT PARTNERS WITH PEOPLE IN NEED OF IMPROVED HOUSING TO BUILD AND REPAIR HOMES.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) <b>5</b> <b>64</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>3629</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>4,196,672.</b> <b>Prior Year</b> <b>3,888,548.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>1,739,847.</b> <b>1,739,847.</b> <b>5,986,195.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>409,894.</b> <b>409,894.</b> <b>14,039.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>-113,369.</b> <b>-113,369.</b> <b>-154,914.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>6,233,044.</b> <b>6,233,044.</b> <b>9,733,868.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>75,000.</b> <b>75,000.</b> <b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>3,017,443.</b> <b>3,017,443.</b> <b>3,567,831.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>886,591.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>4,778,677.</b> <b>4,778,677.</b> <b>9,652,373.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>7,871,120.</b> <b>7,871,120.</b> <b>13,220,204.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>-1,638,076.</b> <b>-1,638,076.</b> <b>-3,486,336.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>19,167,861.</b> <b>19,167,861.</b> <b>17,050,501.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>12,524,870.</b> <b>12,524,870.</b> <b>13,670,824.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>6,642,991.</b> <b>6,642,991.</b> <b>3,379,677.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>CLIENT'S COPY</b>	Date			
	<b>LORI HOLT PFEILER, PRESIDENT &amp; CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DANIEL P. SCHREIBER</b>	Preparer's signature 	Date <b>3/3/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00089202</b>
	Firm's name ▶ <b>JGD &amp; ASSOCIATES LLP</b>	Firm's EIN ▶ <b>** - ***2551</b>			
	Firm's address ▶ <b>9191 TOWNE CENTRE DR #340 SAN DIEGO, CA 92122-1274</b>	Phone no. (858) <b>587-1000</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEEKING TO PUT GOD'S LOVE INTO ACTION, SAN DIEGO HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES, AND HOPE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 9,022,435. including grants of \$ ) (Revenue \$ 3,588,367.) PEOPLE IN OUR COMMUNITY AND ALL OVER THE WORLD PARTNER WITH HABITAT FOR HUMANITY TO BUILD OR IMPROVE A PLACE THEY CAN CALL HOME. HABITAT HOMEOWNERS HELP BULD THEIR OWN HOMES ALONGSIDE VOLUNTEERS AND PAY AN AFFORDABLE MORTGAGE. WITH OUR HELP, HABITAT HOMEOWNERS ACHIEVE THE STRENGTH, STABILITY, AND INDEPENDENCE THEY NEED TO BUILD A BETTER LIFE FOR THEMSELVES AND THEIR FAMILIES.

SAN DIEGO HABITAT FOR HUMANITY IS THE LOCAL, INDEPENDENT AFFILATE OF HABITAT FOR HUMANITY INTERNATIONAL. WE ARE GOVERNED, RAISE FUNDS, AND BUILD LOCALLY IN SAN DIEGO COUNTY.

IN FISCAL YEAR 2020, SAN DIEGO HABITAT SOLD A TOTAL OF 14 HOMES,

4b (Code: ) (Expenses \$ 2,396,728. including grants of \$ ) (Revenue \$ 2,244,992.) IN ADDITION TO BUILDING AND REPAIRING HOMES, HABITAT FOR HUMANITY OPERATES RESTORES, DISCOUNT HOME IMPROVEMENT CENTERS, LOCATED IN SAN DIEGO, ESCONDIDO, NATIONAL CITY, AND CARLSBAD THAT ACCEPT DONATIONS OF NEW AND USED BUILDING MATERIALS AND HOME FURNISHINGS TO SELL TO THE PUBLIC IN SUPPORT OF HABITAT'S HOMEBUILDING MISSION.

4c (Code: ) (Expenses \$ 3,700. including grants of \$ ) (Revenue \$ ) FINALLY, ACKNOWLEDGING GOD'S ABUNDANT PROVISION, SAN DIEGO HABITAT FOR HUMANITY SHARES ITS FIRST-FRUITS THROUGH THE PRACTICE OF TITHING A DISCRETIONARY PORTION OF UNDESIGNATED CASH CONTRIBUTIONS TOWARD HABITAT FOR HUMANITY INTERNATIONAL'S WORLDWIDE HOUSE-BUILDING EFFORTS. IN FISCAL YEAR 2020, OUR TITHING SUPPORTED HOUSE BUILDING IN THE SMALL, LANDLOCKED AFRICAN COUNTRY OF LESOTHO.

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

4e Total program service expenses 11,422,863.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and their status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 on Schedule O.		
	<b>1a</b> 23		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 23		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?		X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ALISON WEBER - 760-707-4927**  
**8128 MERCURY COURT, SAN DIEGO, CA 92111**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL YONG CHAIR	2.00	X		X				0.	0.	0.
(2) ANDREA PETRAY VICE CHAIR	2.00	X		X				0.	0.	0.
(3) XIOMARA ARROYO SECRETARY	2.00	X		X				0.	0.	0.
(4) JAMES MASTROGANY TREASURER	2.00	X		X				0.	0.	0.
(5) OLYMPIA BELTRAN BOARD MEMBER	1.00	X						0.	0.	0.
(6) RODNEY BRUCE BOARD MEMBER	1.00	X						0.	0.	0.
(7) PAVEL CONSUEGRA BOARD MEMBER	1.00	X						0.	0.	0.
(8) PAUL CUNNINGHAM BOARD MEMBER	1.00	X						0.	0.	0.
(9) TIMOTHY DAHLQUIST BOARD MEMBER	1.00	X						0.	0.	0.
(10) CHARLES LICKEL BOARD MEMBER	1.00	X						0.	0.	0.
(11) WENDY LOPEZ BOARD MEMBER	1.00	X						0.	0.	0.
(12) CAMI MATTSO BOARD MEMBER	1.00	X						0.	0.	0.
(13) SARAH MORRELL BOARD MEMBER	1.00	X						0.	0.	0.
(14) ALEYDA ORTIZ BOARD MEMBER	1.00	X						0.	0.	0.
(15) ELIZABETH RODRIGUEZ BOARD MEMBER	1.00	X						0.	0.	0.
(16) EDWARD SCARPELLI BOARD MEMBER	1.00	X						0.	0.	0.
(17) STACY WEBER BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL O'NEAL BOARD MEMBER	1.00	X						0.	0.	0.
(19) JANET BERONIO BOARD MEMBER	1.00	X						0.	0.	0.
(20) PAT GETZEL BOARD MEMBER	1.00	X						0.	0.	0.
(21) MARTHA ZEPATA BOARD MEMBER	1.00	X						0.	0.	0.
(22) JOSEPH BOGASKI BOARD MEMBER	1.00	X						0.	0.	0.
(23) JOHN NEAGLEY BOARD MEMBER	1.00	X						0.	0.	0.
(24) LORI HOLT PFEILER PRESIDENT & CEO	40.00			X				146,482.	0.	11,267.
(25) ALISON WEBER CFO	40.00			X				0.	0.	0.
(26) GARY PEKALA FORMER CFO	40.00						X	107,146.	0.	2,730.
<b>1b Subtotal</b>								253,628.	0.	13,997.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								253,628.	0.	13,997.

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 **5**

	Yes	No
3 Did the organization list any former officer, director, 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
MORGAN CONSTRUCTION 1579 SOUTH GRADE RD., ALPINE, CA 91901	CONSTRUCTION MATERIALS AND LABOR	183,548.
NATIONAL CITY BLVD COMMERCIAL HOLDINGS, LLC 460 JACARANDA DRIVE, CHULA VISTA, CA 91910	RENT, TAXES, AND INSURANCE FOR RESTOR	150,770.

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 **2**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	21,259.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	410,764.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,456,525.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,001,263.				
	<b>h Total.</b> Add lines 1a-1f		3,888,548.				
	<b>Program Service Revenue</b>	<b>2 a</b> SALE OF HOMES	<b>Business Code</b>	531390	5,639,045.	5,639,045.	
<b>b</b> MORTGAGE LOAN DISCOUNT AMORTIZATI			531390	320,587.	320,587.		
<b>c</b> OTHER PROGRAM REVENUE			531390	26,563.	26,563.		
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				5,986,195.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			15,139.		15,139.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other		28,061.		
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>			29,161.		
	<b>c</b> Gain or (loss)	<b>7c</b>			-1,100.		
	<b>d</b> Net gain or (loss)			-1,100.	-1,100.		
<b>8 a</b> Gross income from fundraising events (not including \$ 21,259. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>			0.			
<b>b</b> Less: direct expenses	<b>8b</b>			3,178.			
<b>c</b> Net income or (loss) from fundraising events				-3,178.			
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			2,244,992.			
<b>b</b> Less: cost of goods sold	<b>10b</b>			2,396,728.			
<b>c</b> Net income or (loss) from sales of inventory				-151,736.			
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			9,733,868.	5,833,359.	0.	11,961.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	647,264.	219,441.	223,515.	204,308.
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	2,383,624.	1,685,143.	296,553.	401,928.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,593.	21,110.	5,764.	6,719.
9 Other employee benefits	300,409.	188,774.	51,547.	60,088.
10 Payroll taxes	202,941.	127,526.	34,823.	40,592.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	35,800.		35,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	638,995.	523,067.	85,435.	30,493.
12 Advertising and promotion	318,891.	216,053.		102,838.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	635,810.	605,773.	17,593.	12,444.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	545,888.	439,020.	95,142.	11,726.
21 Payments to affiliates	28,700.	28,700.		
22 Depreciation, depletion, and amortization	288,237.	264,431.	15,628.	8,178.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>COST OF HOMES SOLD</b>	5,861,002.	5,861,002.		
b <b>MORTGAGE DISCOUNT SUBSI</b>	958,530.	958,530.		
c <b>VEHICLE EXPENSES AND MI</b>	147,497.	124,859.	18,022.	4,616.
d <b>CONSTRUCTION MATERIALS</b>	137,891.	137,891.		
e All other expenses	55,132.	21,543.	30,928.	2,661.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	13,220,204.	11,422,863.	910,750.	886,591.
26 <b>Joint costs.</b> 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**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,107,177.	<b>1</b>	913,606.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	309,418.	<b>4</b>	35,444.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	4,158,246.	<b>7</b>	6,414,560.
	<b>8</b> Inventories for sale or use .....	515,137.	<b>8</b>	301,335.
	<b>9</b> Prepaid expenses and deferred charges .....	63,305.	<b>9</b>	85,151.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,665,814.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,070,921.	<b>10c</b>	5,594,893.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,212,906.	<b>13</b>	1,200,776.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,953,254.	<b>15</b>	2,504,736.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	19,167,861.	<b>16</b>	17,050,501.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	685,471.	<b>17</b>	428,631.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	112,264.	<b>19</b>	124,879.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	5,548.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	11,559,221.	<b>23</b>	13,068,724.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	162,366.	<b>25</b>	48,590.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	12,524,870.	<b>26</b>	13,670,824.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	6,258,288.	<b>27</b>	3,042,775.
	<b>28</b> Net assets with donor restrictions .....	384,703.	<b>28</b>	336,902.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	6,642,991.	<b>32</b>	3,379,677.
	<b>33</b> Total liabilities and net assets/fund balances .....	19,167,861.	<b>33</b>	17,050,501.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,733,868.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,220,204.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,486,336.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,642,991.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	235,151.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-12,129.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,379,677.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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 on Schedule O and describe any steps taken to undergo such audits	X	



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3130082.	4418142.	4195391.	4196672.	4123699.	20063986.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3130082.	4418142.	4195391.	4196672.	4123699.	20063986.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						20063986.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	3130082.	4418142.	4195391.	4196672.	4123699.	20063986.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	685.	39,909.	24,330.	42,662.	3,010.	110,596.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						20174582.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.45 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	99.43 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**SAN DIEGO HABITAT FOR HUMANITY, INC.**

Employer identification number

**\*\* - \*\*\*9190**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>SAN DIEGO HABITAT FOR HUMANITY, INC.</b>	Employer identification number  <b>** - ***9190</b>
---	---

**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	GUILD GIVING FOUNDATION  5898 COPLEY DR FL 3  SAN DIEGO, CA 92111	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HABITAT FOR HUMANITY INTERNATIONAL  121 HABITAT ST  AMERICUS, GA 31709-3423	\$ 249,763.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE SAN DIEGO FOUNDATION  2508 HISTORIC DECATUR RD. STE. 200  SAN DIEGO, CA 92106	\$ 137,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WELLS FARGO FOUNDATION  550 S. 4TH STREET, MAC N9310-074  MINNEAPOLIS, MN 55415	\$ 235,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UTC AEROSPACE TOTAL  850 LAGOON DRIVE  CHULA VISTA, CA 91910	\$ 223,530.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	WAYFAIR TOTAL  3500 INDIAN STREET  PERRIS, CA 92571	\$ 222,892.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SAN DIEGO HABITAT FOR HUMANITY, INC.</b>	Employer identification number  <b>** - ***9190</b>
---	---

**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
5	VARIOUS FURNITURE AND BUILDING SUPPLIES	\$ 223,530.	06/30/20
6	VARIOUS FURNITURE	\$ 222,892.	06/30/20
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>SAN DIEGO HABITAT FOR HUMANITY, INC.</b>	Employer identification number  <b>** - ***9190</b>
---	---

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

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



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>SAN DIEGO HABITAT FOR HUMANITY, INC.</b>	Employer identification number <b>**-***9190</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ 20,000.
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....	X		5,000.
<b>d</b> Mailings to members, legislators, or the public? .....	X		5,000.
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		10,000.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			20,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

---



---



---



---



---

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **SAN DIEGO HABITAT FOR HUMANITY, INC.** Employer identification number **\*\*-\*\*\*9190**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on 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 (for example, recreation or education)  Preservation of a 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 7/25/06, 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? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? .....

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on 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 make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	349,097.	352,424.	345,588.	323,621.	345,689.
b Contributions					
c Net investment earnings, gains, and losses	4,687.	13,238.	23,364.	38,675.	-5,456.
d Grants or scholarships	15,206.	14,881.	14,774.	15,060.	15,022.
e Other expenditures for facilities and programs					
f Administrative expenses	1,677.	1,684.	1,754.	1,648.	1,590.
g End of year balance	336,901.	349,097.	352,424.	345,588.	323,621.

- 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  97.00 %
  - c Term endowment  3.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input checked="" type="checkbox"/> |                                     |
| (ii) Related organizations   |                                     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |                                     | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,874,778.		1,874,778.
b Buildings		4,048,790.	910,283.	3,138,507.
c Leasehold improvements				
d Equipment		742,246.	160,638.	581,608.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,594,893.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) <b>INVESTMENT IN NEW MARKET</b>		
(2) <b>TAX CREDIT PROGRAM</b>	<b>1,200,776.</b>	<b>COST</b>
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	<b>1,200,776.</b>	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FNDN</b>	<b>336,902.</b>
(2) <b>FINISHED HOMES FOR SALE</b>	<b>333,125.</b>
(3) <b>CONSTRUCTION IN PROCESS</b>	<b>1,690,057.</b>
(4) <b>DEPOSITS</b>	<b>36,158.</b>
(5) <b>RECEIVABLE FROM SDHFH COMMUNITY HOUSING CORPORATION</b>	<b>39,979.</b>
(6) <b>OTHER ASSETS</b>	<b>68,515.</b>
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>2,504,736.</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>REFUNDABLE ADVANCES</b>	<b>39,979.</b>
(3) <b>BENEFITS LIABILITIES</b>	<b>8,611.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>48,590.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	9,960,068.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	235,151.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	3,178.	
	e Add lines 2a through 2d	2e		238,329.
3	Subtract line 2e from line 1		3	9,721,739.
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 XIII.)	4b	12,129.	
	c Add lines 4a and 4b	4c		12,129.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	9,733,868.

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

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

1	Total expenses and losses per audited financial statements		1	13,223,382.
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 XIII.)	2d	3,178.	
	e Add lines 2a through 2d	2e		3,178.
3	Subtract line 2e from line 1		3	13,220,204.
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 XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	13,220,204.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

AS PART OF THE MORTGAGE SERVICING PROCESS, SDHFH COLLECTS MONTHLY AMOUNTS FOR PROPERTY TAXES AND INSURANCE FROM THE HOMEOWNERS, ALONG WITH THEIR MONTHLY MORTGAGE PAYMENTS. SDHFH THEN REMITS THE PROPERTY TAXES AND INSURANCE, WHEN DUE, TO THE COUNTY TAX COLLECTOR AND INSURANCE PROVIDERS, USING THE IMPOUNDED FUNDS.

**PART X, LINE 2:**

SDHFH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1954, AS AMENDED, AND THE REVENUE AND TAXATION CODE OF THE STATE OF CALIFORNIA.

**Part XIII** Supplemental Information (continued)

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, MANAGEMENT OF SDHFH BELIEVES IT HAS ADEQUATE SUPPORT FOR ALL MATERIAL TAX POSITIONS AND THAT IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION. SDHFH HAS ANALYZED THE TAX POSITIONS TAKEN IN ITS FILINGS WITH THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD. SDHFH BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE SDHFH'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, SDHFH HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES, FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2020 AND 2019.

MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	3,178.
------------------------	--------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NEW MARKET TAX CREDIT K-1 INTEREST INCOME	12,129.
---	---------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	3,178.
------------------------	--------





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BUILDING INDUSTRY CHA (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	21,259.			21,259.
	<b>2</b> Less: Contributions .....	21,259.			21,259.
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	1,004.			1,004.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	2,174.			2,174.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				3,178.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-3,178.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**SAN DIEGO HABITAT FOR HUMANITY, INC.**

Employer identification number

**\*\* - \*\*\* 9190**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LORI HOLT PFEILER PRESIDENT & CEO	(i)	146,482.	0.	0.	2,444.	8,823.	157,749.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GARY PEKALA FORMER CFO	(i)	107,146.	0.	0.	0.	2,730.	109,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: **SAN DIEGO HABITAT FOR HUMANITY, INC.**  
Employer identification number: **\*\*-\*\*\*9190**

<b>Part I</b>		<b>Types of Property</b>			
		(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				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( BUILDING ITEM )	X	5,347	1,936,949.FMV	
26	Other ▶ ( CONSTRUCTION )	X	17	57,297.FMV	
27	Other ▶ ( FIXED ASSETS )	X	2	5,194.FMV	
28	Other ▶ ( SUPPLIES )	X	2	1,633.FMV	
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		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No
	b If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				X
	b If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Schedule M (Form 990) 2019



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

**PART I, OTHER TYPES OF PROPERTY:**

**OTHER PROMOTIONAL ITEMS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 190.

(D) METHOD OF DETERMINING REVENUE: FMV

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

SAN DIEGO HABITAT FOR HUMANITY, INC.

Employer identification number

\*\* - \*\*\*9190

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

SERVING 26 ADULTS AND 38 CHILDREN. WE ALSO CONTINUED WORK ON 11 NEW HOMES IN THE SOUTHEAST SAN DIEGO COMMUNITY OF LOGAN HEIGHTS, AND BROKE GROUND ON TWO NEW HOMES IN THE CITY OF ENCINITAS AND SIX NEW HOMES IN NATIONAL CITY.

MANY OF SAN DIEGO HABITAT'S NEW CONSTRUCTION SITES ARE NESTLED INTO OLDER NEIGHBORHOODS THAT ARE IN NEED OF SOME ATTENTION AND CARE.

THROUGH OUR NEIGHBORHOOD REVITALIZATION (NR) PROGRAM, SAN DIEGO HABITAT TAKES A HOLISTIC APPROACH TO ENTIRE COMMUNITY TRANSFORMATION BY CREATING NEIGHBORHOOD PARTNERSHIPS THAT FORM VIBRANT, SAFE, AND INVITING COMMUNITIES FOR CURRENT AND FUTURE RESIDENTS. THE PROGRAM SUPPORTS FAMILIES WHO ALREADY OWN THEIR HOMES, AND OFFERS AN ARRAY OF HOUSING SOLUTIONS INCLUDING HOME REPAIR, WEATHERIZATION, AND HOME PRESERVATION. HABITAT HAS IMPLEMENTED MAJOR MULTI-YEAR NR EFFORTS IN THE COMMUNITIES OF ESCONDIDO, IMPERIAL BEACH, LOGAN HEIGHTS, AND EL CAJON, AND WILL CONTINUE TO WORK IN NEIGHBORHOODS WHERE IT BUILDS NEW HOUSES. IN THE LAST FISCAL YEAR, FOUR HOMES WERE REPAIRED AND UPGRADED, SERVING A TOTAL OF 21 CHILDREN AND ADULTS.

SAN DIEGO COUNTY IS HOME TO MORE THAN 400,000 VETERANS, AND HAS ONE OF THE LARGEST POPULATIONS OF MILITARY PERSONNEL IN THE COUNTRY. HABITAT MADE A STRATEGIC DECISION IN 2012 TO SERVE THIS MILITARY COMMUNITY AND IMPLEMENTED PROGRAMS THAT PROVIDE NEW HOMEOWNERSHIP OPPORTUNITIES AND CRITICAL HOME REPAIR TO VETERANS AND THEIR FAMILIES. WE REPAIRED EIGHT VETERAN HOMES IN FISCAL YEAR 2020, SERVING NINE VETERANS.

IN ORDER TO BUILD AND REPAIR ALL OF THESE HOMES, HABITAT UTILIZES

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization SAN DIEGO HABITAT FOR HUMANITY, INC.	Employer identification number **-***9190
--	--

VOLUNTEERS. APROXIMATELY 3,600 DEDICATED VOLUNTEERS PARTICIPATED IN FISCAL YEAR 2019. ANYONE WHO IS WILLING TO LEND TIME AND ENERGY CAN HELP BUILD A HOME.

FORM 990, PART VI, SECTION A, LINE 8B:  
THE ORGANIZATION DOES NOT HAVE A COMMITTEE THAT HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:  
THE BOARD WILL REVIEW AND DISCUSS THE 990 PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:  
ANNUALLY, THE BOARD SECRETARY SHALL DISTRIBUTE A CONFLICT OF INTEREST QUESTIONNAIRE TO EACH DIRECTOR, OFFICER, AND PRESIDENT AND CHIEF EXECUTIVE OFFICER . EACH INTERESTED PERSON MUST COMPLETE AND RETURN THE QUESTIONNAIRE IN A TIMELY MANNER. ANY CONFLICTS DISCLOSED ON THE QUESTIONNAIRE SHALL BE RESOLVED ACCORDING TO THE GUIDELINES. AN INTERESTED PERSON SHALL MAKE AN APPROPRIATE DISCLOSURE OF ALL MATERIAL FACTS, INCLUDING THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST OR ETHICAL QUESTION, WHENEVER SUCH A SITUATION ARISES. SUCH DISCLOSURE SHALL BE MADE FIRST TO THE CHAIR OF THE BOARD; PROVIDED, HOWEVER, THAT IF THE CHAIR HAS THE POTENTIAL CONFLICT, DISCLOSURE SHALL BE MADE TO THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, WHO SHALL TAKE THE MATTER UP WITH THE REMAINING MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD. THE INTERESTED PERSON SHALL BE ENTITLED TO MAKE A PRESENTATION TO THE BOARD IF HE OR SHE BELIEVES THAT THE POTENTIALLY CONFLICTING INTEREST DOES NOT, IN FACT, PRESENT A DISQUALIFYING CONFLICT OF INTEREST. AFTER THE DISCLOSURE REQUIRED OF AN INTERESTED PERSON, AND ANY PRESENTATION MADE TO THE BOARD, A

Name of the organization SAN DIEGO HABITAT FOR HUMANITY, INC.	Employer identification number **-***9190
--	--

DETERMINATION WILL BE MADE AS TO THE EXISTENCE OF A CONFLICT OF INTEREST. DETERMINATION WILL BE MADE ON A CASE-BY-CASE BASIS WHETHER A CONFLICT EXISTS AND, IF SO, THE APPROPRIATE METHOD FOR PROCEEDING, IN THE SOLE REASONABLE DISCRETION OF THE DETERMINING PERSON OR BODY. FACTORS THE DECISION-MAKING PERSON(S) SHALL CONSIDER WILL INCLUDE THE PROXIMITY OF THE INTERESTED PERSON'S INTEREST TO THE DECISION AT ISSUE, WHETHER THE INTERESTED PERSON'S INTEREST IS DE MINIMIS; THE DEGREE TO WHICH THE INTERESTED PERSON MIGHT PERSONALLY BENEFIT FROM THE TRANSACTION AT ISSUE.

IF IT IS DETERMINED THAT AN ACTUAL CONFLICT OF INTEREST EXISTS, THEN THE MATTER CAN ONLY BE RESOLVED BY (I) THE RECUSAL OF THE INTERESTED PERSON FROM ANY DISCUSSION OR OTHER INVOLVEMENT IN THE DECISION THAT IS THE SUBJECT OF OR AFFECTED BY THE CONFLICT; OR (II) WAIVER BY THE BOARD OR PRESIDENT AND CHIEF EXECUTIVE OFFICER, UNDER CIRCUMSTANCES THAT ARE RECORDED IN THE MINUTES OF THE BOARD OR BY MEMORANDUM TO THE BOARD FROM THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, AS APPROPRIATE, OR (III) IF THE TRANSACTION INVOLVES "SELF-DEALING" AS THAT TERM IS USED IN CALIFORNIA CORPORATIONS CODE SECTION 5233, THEN IF THE TRANSACTION IS APPROVED BY A SUPER-MAJORITY VOTE OF THE NON-INTERESTED DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION CONSISTS OF REVIEWING COMPARABLE SALARIES FOR NON-PROFIT ORGANIZATION POSITIONS IN CONSTRUCTION OR SIMILAR ASSOCIATIONS BASED IN SAN DIEGO COUNTY AND APPROVAL BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 IS PUBLISHED ON THE ORGANIZATION'S WEBSITE AS WELL AS THE

Name of the organization

SAN DIEGO HABITAT FOR HUMANITY, INC.

Employer identification number

\*\*-\*\*\*9190

CHARITY NAVIGATOR AND GUIDESTAR WEBSITES.

FORM 990, PART VI, SECTION C, LINE 19:

- GOVERNING DOCUMENTS ARE ON FILE WITH THE CALIFORNIA SECRETARY OF STATE AND CAN BE ACCESSED BY THE GENERAL PUBLIC

- THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

- AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO MEMBERS OF THE PUBLIC ON THE ORGANIZATION'S WEBSITE.

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

NEW MARKET TAX CREDIT K-1 INTEREST INCOME -12,129.

SCHEDULE D PART VIII - INVESTMENTS - PROGRAM RELATED

IN APRIL 2018, SDHFH PARTICIPATED IN A NEW MARKETS TAX CREDIT ("NMTC") FINANCING TRANSACTION WITH OTHER ENTITIES IN ORDER TO PROCURE FINANCING FOR THE CONSTRUCTION OF 16 HOMES 8 AT COMM22 IN SAN DIEGO, 5 ON BALLANTYNE STREET IN EL CAJON AND 3 ON GROSSMONT AVENUE IN EL CAJON. THE NMTC PROGRAM PERMITS CORPORATE AND INDIVIDUAL TAXPAYERS TO RECEIVE A CREDIT AGAINST FEDERAL INCOME TAXES FOR MAKING QUALIFIED EQUITY INVESTMENTS IN QUALIFIED COMMUNITY DEVELOPMENT ENTITIES ("CDE").

AS A PARTICIPANT IN THIS TRANSACTION, SDHFH INVESTED \$1,212,933 INTO HFHI NMTC LEVERAGE LENDER 2018, LLC ("HFHI LEVERAGE LENDER"), CONSISTING OF CASH AND QUALIFIED CONSTRUCTION-IN-PROCESS. THE HFHI LEVERAGE LENDER CONTRIBUTED ITS RESOURCES TO TWAIN INVESTMENT FUND 306, LLC ("INVESTMENT FUND"), WHICH RECEIVED ADDITIONAL INVESTMENT FROM U.S. BANCORP COMMUNITY DEVELOPMENT CORPORATION ("BANK") AS THE FEDERAL TAX CREDIT INVESTOR UNDER THE NMTC PROGRAM.

Name of the organization

SAN DIEGO HABITAT FOR HUMANITY, INC.

Employer identification number

\*\* - \*\*\*9190

AS PART OF THE NMTC PROGRAM, THE INVESTMENT FUND INVESTED IN HFHI NMTC SUB-CDE III, LLC, A QUALIFIED CDE. THE CDE DEPLOYED A LOAN TO SDHFH IN THE AMOUNT OF \$1,786,082 AT AN ANNUAL INTEREST RATE OF 0.679239% FOR THE CONSTRUCTION OF HOMES IN A QUALIFIED CENSUS TRACT FOR LOW INCOME PERSONS. SEMI-ANNUAL INTEREST-ONLY PAYMENTS ARE REQUIRED THROUGH APRIL 19, 2025. AFTER APRIL 19, 2025, SDHFH SHALL MAKE SEMI-ANNUAL PAYMENTS IN AN AMOUNT SUFFICIENT TO FULLY AMORTIZE THE REMAINING PRINCIPAL BALANCE OVER TWENTY-THREE YEARS. THE LOAN PROCEEDS ARE TO BE USED SOLELY IN ACCORDANCE WITH NMTC COMPLIANCE REQUIREMENTS. THE INVESTMENT FUND MAY BE SUBJECT TO TAX CREDIT RECAPTURE IF THE NMTC PROGRAM COMPLIANCE REQUIREMENTS ARE NOT MET OVER A SEVEN-YEAR PERIOD.

THE ULTIMATE HOLDER OF THE ABOVE LOAN FROM THE CDE TO SDHFH IS THE BANK THROUGH ITS PARTICIPATION IN THE INVESTMENT FUND. IN APRIL 2025, THE BANK HAS THE OPTION TO WAIVE THE PAYMENT OF THE DEBT BY EXERCISING ITS PUT OPTION AGREEMENT. UNDER THE TERMS OF THE PUT OPTION AGREEMENT, THE HFHI LEVERAGE LENDER HAS THE OPTION TO PURCHASE THE BANK'S OWNERSHIP INTEREST IN THE INVESTMENT FUND. IF THE OPTION IS EXERCISED IT WILL EFFECTIVELY EXTINGUISH SDHFH'S OUTSTANDING DEBT TO THE BANK.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **SAN DIEGO HABITAT FOR HUMANITY, INC.** Employer identification number **\*\* - \*\*\* 9190**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SDHFH FUNDING COMPANY I, LLC 8128 MERCURY CT. SAN DIEGO, CA 92111	ACQUIRING AND HOLDING MORTGAGE LOANS AND RELATED DOCUMENTS	CALIFORNIA	68,653.	2,028,282.	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SAN DIEGO HFH COMMUNITY HOUSING CORP. - 33-0902043, 8128 MERCURY CT., SAN DIEGO, CA 92111	FUNDING	CALIFORNIA	501(C)(3)	LINE 7	N/A		X
HABITAT FOR HUMANITY INTERNATIONAL, INC - 91-1914868, 270 PEACHTREE STREET SUITE 1300, ATLANTA, GA 30303	TO BUILD HOMES & COMMUNITIES	GEORGIA	501(C)(3)	LINE 7	N/A		X

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

Schedule R (Form 990) 2019

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

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

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

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



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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

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



**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SAN DIEGO HABITAT FOR HUMANITY, INC.</b>	Taxpayer identification number (TIN) <b>** - *** 9190</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>8128 MERCURY COURT</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN DIEGO, CA 92111</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

**ALISON WEBER**

- The books are in the care of ▶ **8128 MERCURY COURT - SAN DIEGO, CA 92111**  
Telephone No. ▶ **760-707-4927** 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

**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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 07/01/2019, and ending (mm/dd/yyyy) 06/30/2020

Corporation/Organization name: SAN DIEGO HABITAT FOR HUMANITY, INC. California corporation number: 1427529. FEIN: \*\* - \*\*\*9190. Street address: 8128 MERCURY COURT, SAN DIEGO, CA 92111.

Part I Complete Part I unless not required to file this form. See General Information B and C. A First Return [X] No. B Amended Return [X] No. C IRC Section 4947(a)(1) trust [X] No. D Final Information Return? [X] No. E Check accounting method: (1) Cash [ ] (2) Accrual [X] (3) Other [ ]. F Federal return filed? (1) 990T [ ] (2) 990PF [ ] (3) Sch H (990) [X] Other 990 series [ ]. G Is this a group filing? [X] No. H Is this organization in a group exemption? [X] No. I Did the organization have any changes to its guidelines not reported to the FTB? [X] No. J If exempt under R&TC Section 23701d, has the organization engaged in political activities? [X] No. K Is the organization exempt under R&TC Section 23701g? [X] No. L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required [ ]. M Is the organization a Limited Liability Company? [X] No. N Did the organization file Form 100 or Form 109 to report taxable income? [X] No. O Is the organization under audit by the IRS or has the IRS audited in a prior year? [X] No. P Is federal Form 1023/1024 pending? [X] No. Date filed with IRS [ ].

Table with 17 rows for Receipts and Revenues, Expenses, and Filing Fee. Row 1: Gross sales or receipts from other sources. Row 2: Gross dues and assessments from members and affiliates. Row 3: Gross contributions, gifts, grants, and similar amounts received. Row 4: Total gross receipts for filing requirement test. Row 5: Cost of goods sold. Row 6: Cost or other basis, and sales expenses of assets sold. Row 7: Total costs. Row 8: Total gross income. Row 9: Total expenses and disbursements. Row 10: Excess of receipts over expenses and disbursements. Row 11: Total payments. Row 12: Use tax. Row 13: Payments balance. Row 14: Use tax balance. Row 15: Filing fee. Row 16: Penalties and Interest. Row 17: Balance due.

Sign Here: Signature of officer: CLIENT'S COPY, Title: PRESIDENT & CE, Date: 3/3/21. Preparer's signature: [Signature], Date: 3/3/21, Firm's name: JGD & ASSOCIATES LLP, Address: 9191 TOWNE CENTRE DR #340, SAN DIEGO, CA 92122-1274, Telephone: (858) 587-1000. May the FTB discuss this return with the preparer shown above? [X] Yes [ ] No.

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

928951 12-04-19

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	2,244,992	00
	2	Interest	•	2	15,139	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions) <b>STATEMENT 5</b>	•	6	28,061	00
	7	Other income <b>SEE STATEMENT 6</b>	•	7	5,986,195	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	8,274,387	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 7</b>	•	11	647,264	00
	12	Other salaries and wages	•	12	2,383,624	00
	13	Interest	•	13	545,888	00
	14	Taxes	•	14	202,941	00
	15	Rents	•	15	635,810	00
	16	Depreciation and depletion (See instructions)	•	16	288,237	00
	17	Other Expenses and Disbursements <b>SEE STATEMENT 8</b>	•	17	8,519,618	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	13,223,382	00

<b>Schedule L Balance Sheet</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		1,107,177		913,606
2	Net accounts receivable		309,418		35,444
3	Net notes receivable <b>STMT 9</b>		4,158,246		6,414,560
4	Inventories		515,137		301,335
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments <b>STMT 10</b>		1,212,906		1,200,776
10 a	Depreciable assets	4,756,551		4,791,036	
b	Less accumulated depreciation	( 782,911 )	3,973,640	( 1,070,921 )	3,720,115
11	Land		1,874,778		1,874,778
12	Other assets <b>STMT 11</b>		6,016,559		2,589,887
13	<b>Total assets</b>		19,167,861		17,050,501
<b>Liabilities and net worth</b>					
14	Accounts payable		685,471		428,631
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable <b>STMT 12</b>		5,548		
17	Mortgages payable		11,559,221		13,068,724
18	Other liabilities <b>STMT 13</b>		274,630		173,469
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		6,642,991		3,379,677
22	<b>Total liabilities and net worth</b>		19,167,861		17,050,501

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	-3,486,336
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5		-3,486,336
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		-3,486,336

CA 199 CASH CONTRIBUTIONS STATEMENT 1  
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
FLATIRON WEST, INC.	1770 LA COSTA MEADOWS DRIVE SAN MARCOS, CA 92078	07/11/19	5,000.
CYMER	17075 THORN MINT CT SAN DIEGO, CA 92127	08/09/19	10,000.
CHARLES AND RUTH BILLINGSLEY FOUNDATION	100 N MAIN STREET WINSTON-SALEM, NC 27101	08/21/19	20,000.
CORELATION INC	2305 HISTORIC DECATUR RD SAN DIEGO, CA 92106	09/10/19	5,000.
DELTA RESEARCH AND EDUCATIONAL FOUNDATION	1703 NEW HAMPSHIRE AVE, NW WASHINGTON, DC 20009	09/19/19	6,700.
BANK OF AMERICA FOUNDATION	100 N TRYON ST STE 220 CHARLOTTE, NC 28202-4031	09/26/19	10,000.
US BANK FOUNDATION	LA JOLLA COMMONS SAN DIEGO, CA 92121	09/30/19	7,500.
MIDWAY FOUNDATION, INC.	910 N. HARBOR DRIVE SAN DIEGO, CA 92101	11/07/19	20,000.
GENE LYNES	11016 VALLE VISTA RD LAKESIDE, CA 92040	11/13/19	10,000.
SEATTLE FOUNDATION	1601 FIFTH AVENUE, #1900 SEATTLE, WA 98101	11/13/19	10,000.
VILLAGE COMMUNITY PRESBYTERIAN CHURCH	PO BOX 704 RANCHO SANTA FE, CA 92067-0704	11/15/19	10,500.
MAURICE J. MASSERINI TRUST	100 N MAIN STREET WINSTON-SALEM, NC 27101	11/19/19	10,000.
CORELOGIC, INC.	10277 SCRIPPS RANCH BLVD SAN DIEGO, CA 92131	11/27/19	5,000.
ANT STRATEGIC COMMUNICATIONS	13035 NEDDICK AVE POWAY, CA 92064-5941	12/10/19	5,000.
RON RABENS	13636 OLD EL CAMINO REAL SAN DIEGO, CA 92130	12/10/19	6,000.

## SAN DIEGO HABITAT FOR HUMANITY, INC.

\*\*-\*\*\*9190

GERRITY GROUP	973 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	12/20/19	12,000.
UNION BANK	530 B STREET, SUITE 1650 SAN DIEGO, CA 92101	12/20/19	10,000.
BOB WILSON	PO BOX 8964 RANCHO SANTA FE, CA 92067	12/31/19	10,000.
RUTH WARWICK	937 PASEO LA CRESTA CHULA VISTA, CA 91910-6729	12/31/19	10,000.
THE PARKER FOUNDATION	2604-B EL CAMINO REAL STE 244 CARLSBAD, CA 92008-1214	02/11/20	15,000.
GUILD GIVING FOUNDATION	5898 COPLEY DR FL 3 SAN DIEGO, CA 92111	03/04/20	250,000.
CHARITIES AID FOUNDATION OF AMERICA	C/O CYBERGRANTS PRINCETON, NJ 08543	06/30/20	25,940.
FIDELITY CHARITABLE GIFT FUND	PO BOX 770001 CINCINNATI, OH 45277-0001	06/30/20	48,225.
FINCH, THORNTON & BAIRD, LLP	4747 EXECUTIVE DRIVE, #700 SAN DIEGO, CA 92121	06/30/20	10,000.
GRID ALTERNATIVES	930 GATEWAY CENTER WAY SAN DIEGO, CA 92102	06/30/20	31,259.
HABITAT FOR HUMANITY INTERNATIONAL	121 HABITAT ST AMERICUS, GA 31709-3423	06/30/20	249,763.
INTUIT CORP	7535 TORREY SANTA FE RD SAN DIEGO, CA 92129-5704	06/30/20	10,000.
KIWANIS CLUB OF SAN DIEGO	3276 ROSECRANS ST. SAN DIEGO, CA 92110	06/30/20	5,100.
LA JOLLA COUNTRY DAY SCHOOL	9490 GENESEE AVE LA JOLLA, CA 92037-1302	06/30/20	5,640.
LA JOLLA PRESBYTERIAN CHURCH	7715 DRAPER AVE LA JOLLA, CA 92037-4301	06/30/20	7,422.
NORTHROP GRUMMAN SYSTEMS CORP.	8710 FREEPORT PKWY STE 200 IRVING, TX 75063-1923	06/30/20	10,000.
SAN DIEGO GAS & ELECTRIC	PO BOX 129007 SAN DIEGO, CA 92112-9007	06/30/20	19,000.
SCHWAB CHARITABLE FUND	211 MAIN STREET SAN FRANCISCO, CA 94105	06/30/20	42,700.



SAN DIEGO HABITAT FOR HUMANITY, INC.

\*\* - \*\*\*9190

SEMPRA ENERGY FOUNDATION	488 8TH ST. SAN DIEGO, CA 92101	06/30/20	10,000.
THE BENEVITY COMMUNITY IMPACT FUND	5700 DARROW RD STE 118 HUDSON, OH 44236-5026	06/30/20	21,216.
THE SAN DIEGO FOUNDATION	2508 HISTORIC DECATUR RD. STE. 200 SAN DIEGO, CA 92106	06/30/20	137,200.
VIRGINIA J. BARBER FOUNDATION	6267 RIVERDALE STREET SAN DIEGO, CA 92120	06/30/20	9,000.
WELLS FARGO FOUNDATION	550 S. 4TH STREET, MAC N9310-074 MINNEAPOLIS, MN 55415	06/30/20	235,000.
YOURCAUSE, LLC	6111 W PLANO PKWY STE 1000 PLANO, TX 75093-0014	06/30/20	7,350.
TOTAL INCLUDED ON LINE 3			<u>1,332,515.</u>

FORM 199

COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR . . . . .		
2. MERCHANDISE PURCHASED. . . . .		
3. COST OF LABOR. . . . .		
4. MATERIALS AND SUPPLIES . . . . .		
5. OTHER COSTS. . . . .	2,396,728	
6. ADD LINES 1 THROUGH 5 . . . . .		2,396,728
7. INVENTORY AT END OF YEAR . . . . .		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		2,396,728

---

---

CA 199	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	3
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
VALUE OF ITEMS DONATED FOR RESALE		2,396,728.	
TOTAL INCLUDED ON FORM 199, PART I, LINE 5		2,396,728.	

---

---

CA 199 NONCASH CONTRIBUTIONS STATEMENT 4  
 INCLUDED ON PART I, LINE 3

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
CITY OF EL CAJON	200 CIVIC CENTER WAY EL CAJON, CA 92020-3996		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
HOME REPAIR MATERIALS	06/30/20	14,681.	14,681.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
CALI BAMBOO, LLC	6675 MESA RIDGE RD # 100 SAN DIEGO, CA 92121-2907		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
BAMBOO FLOORING	08/09/19	10,133.	10,133.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
GOOGLE AD GRANTS	8128 MERCURY COURT SAN DIEGO, CA 92111		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
ONLINE ADS AND SEO SERVICES	06/30/20	77,529.	77,529.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
TOTAL TRAFFIC & WEATHER NETWORK	8128 MERCURY COURT SAN DIEGO, CA 92111		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
FREE WEEK OF ADS	06/30/20	10,000.	10,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
VALSPAR	1 STILES RD STE 301 SALEM, NH 03079-4804		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
PAINT	06/30/20	22,177.	22,177.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
WHIRLPOOL	600 WEST MAIN ST. BENTON HARBOR, MI 49022		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
APPLIANCES	06/30/20	8,365.	8,365.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ARIZONA TILE TOTAL	1065 W MORENA BOULEVARD SAN DIEGO, CA 92110-3918		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
TILE	06/30/20	11,250.	11,250.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ARTISTIC ENTRANCES INC. TOTAL	1130 INDUSTRIAL AVE ESCONDIDO, CA 92029		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
DOORS	06/30/20	8,000.	8,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
CALIFORNIA STATE PARKS TOTAL	4477 PACIFIC HWY SAN DIEGO, CA 92110		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
TILE AND TOOLS ETC	06/30/20	5,185.	5,185.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
CARPET CLUB TOTAL	518 W WASHINGTON AVE ESCONDIDO, CA 92025-1629		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
CARPET	06/30/20	33,676.	33,676.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
DIG COROPORATION TOTAL	1210 ACTIVITY DR VISTA, CA 92081-8510		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
IRRIGATION PRODUCTS	06/30/20	7,000.	7,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ESCONDIDO WINSUPPLY TOTAL	631 ENTERPRISE STREET ESCONDIDO, CA 92029		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
PLUMBING SUPPLIES	06/30/20	10,700.	10,700.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
FACTORY DIRECT PARTNERS TOTAL	4370 JUTLAND DRIVE SAN DIEGO, CA 92117		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
FURNITURE	06/30/20	44,250.	44,250.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
JACKSON DESIGN & REMODELING, INC. TOTAL	4797 MERCURY ST., SUITE B SAN DIEGO, CA 92111-2122		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
VARIOUS HOME FURNISHINGS AND APPLIANCES	06/30/20	9,110.	9,110.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
LOWE'S #1742 TOTAL	2225 OTAY LAKES ROAD CHULA VISTA, CA 91915-1001		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
VARIOUS CONSTRUCTION MATERIALS	06/30/20	9,050.	9,050.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
NEWMAN REPLACEMENT WINDOWS TOTAL	6110 YARROW DRIVE CARLSBAD, CA 92011-1534		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
WINDOWS	06/30/20	7,100.	7,100.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
PICTURE PERFECT WINDOWS & DOORS TOTAL	5980 FAIRMOUNT AVE, STE 108 SAN DIEGO, CA 92120		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
WINDOWS AND DOORS	06/30/20	12,775.	12,775.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
PINNACLE APPLIANCE DISTRIBUTORS TOTAL	1135 CAMINO DEL MAR DEL MAR, CA 92014		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
APPLIANCES	06/30/20	16,560.	16,560.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
R.L. MAYS CONSTRUCTION INC. TOTAL	9682 VIA EXCELENCIA, SUITE 103 SAN DIEGO, CA 92126		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
VARIOUS BUILDING SUPPLIES	06/30/20	25,350.	25,350.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
REBATH OF SOUTHERN CALIFORNIA TOTAL	3085 54TH STREET SAN DIEGO, CA 92105		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
BATHROOM FIXTURES	06/30/20	12,000.	12,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
RESICOM TOTAL	934 S. ANDERSON DR. SUITE B ESCONDIDO, CA 92029		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
VARIOUS BUILDING SUPPLIES	06/30/20	7,700.	7,700.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
RESOURCE FLOORS, INC TOTAL	9881 CARROLL CENTER RD SAN DIEGO, CA 92126		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
TILE AND CARPET	06/30/20	11,460.	11,460.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
RESTORATION HARDWARE #660 TOTAL	1990 UNIVERSITY DRIVE VISTA, CA 92083		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
VARIOUS FURNISHINGS AND FIXTURES	06/30/20	19,650.	19,650.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
RESTORATION HARDWARE GROSSMONT TOTAL	5500 GROSSMONT CENTER DRIVE LA MESA, CA 91942		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
VARIOUS FURNISHINGS AND FIXTURES	06/30/20	7,600.	7,600.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
SAN DIEGO CONVENTION CENTER CORP. TOTAL	111 WEST HARBOR DRIVE SAN DIEGO, CA 92101		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
TABLES AND CHAIRS ETC	06/30/20	6,500.	6,500.



<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
SOCAL COUNTERWORKS TOTAL	120 N PACIFIC #D8 SAN MARCOS, CA 92089		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
STONE SLABS	06/30/20	15,900.	15,900.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
TAZZ LIGHTING INC TOTAL	955 DISTGRIBUTION AVE SAN DIEGO, CA 92121		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
LIGHTING FIXTURES	06/30/20	11,000.	11,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
THE DISTRICT TOTAL	8727 FLETCHER PKWY LA MESA, CA 91942		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
APPLIANCES	06/30/20	22,500.	22,500.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
TOOL TIME CONSTRUCTION TOTAL	7546 TRADE ST SAN DIEGO, CA 92121-2412		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
CABINETS AND COUNTER TOPS	06/30/20	5,270.	5,270.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
UNITED WAY OF SAN DIEGO COUNTY TOTAL	4699 MURPHY CANYON RD SAN DIEGO, CA 92123-4320		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
VARIOUS FURNITURE	06/30/20	5,275.	5,275.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
UTC AEROSPACE TOTAL	850 LAGOON DRIVE CHULA VISTA, CA 91910		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
VARIOUS FURNITURE AND BUILDING SUPPLIES	06/30/20	223,530.	223,530.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
WAYFAIR TOTAL	3500 INDIAN STREET PERRIS, CA 92571		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
VARIOUS FURNITURE	06/30/20	222,892.	222,892.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
MISSION FEDERAL CREDIT UNION	10325 MEANLY DRIVE SAN DIEGO, CA 92131		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
AIR TIME	05/31/20	30,750.	30,750.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
COX	6305 PEACHTREE DUNWOODY RD ATLANTA, GA 30328-4535		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
PSA AIR TIME	06/30/20	40,000.	40,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
PASCO LARET SUITER & ASSOCIATES	535 N. HWY 101, SUITE A SOLANA BEACH, CA 92075		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
ENGINEERING SERVICES	06/30/20	8,526.	8,526.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
PAUL H. YONG	4399 HERMOSA WAY SAN DIEGO, CA 92103		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
SPEAKERS	06/30/20	6,057.	6,057.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
THE HOME DEPOT FOUNDATION	2455 PACES FERRY RD NW ATLANTA, GA 30339-1834		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
2 NEW LEATHER CHAIRS	06/30/20	5,000.	5,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
UP TIME ON TIME, INC.	7040 AVENIDA ENCINAS, STE. 104-1 CARLSBAD, CA 92011		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
2 SERVERS	06/30/20	5,694.	5,694.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
VIASAT, INC.	6155 EL CAMINO REAL CARLSBAD, CA 92009-1602		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
OFFICE SUPPLIES	06/30/20	7,500.	7,500.

TOTAL INCLUDED ON LINE 3			<u>1,017,695.</u>
--------------------------	--	--	-------------------

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 5

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
FIXED ASSETS			PURCHASED	
	29,161.	0.	0.	28,061.
TOTAL TO FORM 199, PAGE 2, LN 6	29,161.	0.	0.	28,061.

CA 199 OTHER INCOME STATEMENT 6

DESCRIPTION	AMOUNT
SALE OF HOMES	5,639,045.
MORTGAGE LOAN DISCOUNT AMORTIZATION	320,587.
OTHER PROGRAM REVENUE	26,563.
TOTAL TO FORM 199, PART II, LINE 7	5,986,195.

---



---

CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT                    7

---

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
PAUL YONG 8128 MERCURY COURT SAN DIEGO, CA 92111	CHAIR 2.00	0.
ANDREA PETRAY 8128 MERCURY COURT SAN DIEGO, CA 92111	VICE CHAIR 2.00	0.
XIOMARA ARROYO 8128 MERCURY COURT SAN DIEGO, CA 92111	SECRETARY 2.00	0.
JAMES MASTROGANY 8128 MERCURY COURT SAN DIEGO, CA 92111	TREASURER 2.00	0.
OLYMPIA BELTRAN 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
RODNEY BRUCE 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
PAVEL CONSUEGRA 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
PAUL CUNNINGHAM 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
TIMOTHY DAHLQUIST 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
CHARLES LICKEL 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
WENDY LOPEZ 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.

CAMI MATTSON 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
SARAH MORRELL 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
ALEYDA ORTIZ 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
ELIZABETH RODRIGUEZ 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
EDWARD SCARPELLI 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
STACY WEBER 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
MICHAEL O'NEAL 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
JANET BERONIO 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
PAT GETZEL 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
MARTHA ZEPATA 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
JOSEPH BOGASKI 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
JOHN NEAGLEY 8128 MERCURY COURT SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.
LORI HOLT PFEILER 8128 MERCURY COURT SAN DIEGO, CA 92111	PRESIDENT & CEO 40.00	191,548.

SAN DIEGO HABITAT FOR HUMANITY, INC.

\*\* - \*\*\*9190

ALISON WEBER 8128 MERCURY COURT SAN DIEGO, CA 92111	CFO 40.00	146,154.
KAREN BEGIN 8128 MERCURY COURT SAN DIEGO, CA 92111	DIRECTOR OF DEVELOPMENT 40.00	129,700.
ANNE KILPATRICK 8128 MERCURY COURT SAN DIEGO, CA 92111	CHIEF ADMINISTRATIVE OFFIC 40.00	130,340.
GARY PEKALA 8128 MERCURY COURT SAN DIEGO, CA 92111	FORMER CFO 40.00	49,522.
TOTAL TO FORM 199, PART II, LINE 11		<u>647,264.</u>

CA 199	OTHER EXPENSES	STATEMENT	8
--------	----------------	-----------	---

DESCRIPTION	AMOUNT
COST OF HOMES SOLD	5,861,002.
MORTGAGE DISCOUNT SUBSI	958,530.
VEHICLE EXPENSES AND MI	147,497.
CONSTRUCTION MATERIALS	137,891.
DIRECT EXPENSES OF FUNDRAISING EVENTS	3,178.
PAYMENTS TO AFFILIATES	28,700.
PENSION PLAN CONTRIBUTIONS	33,593.
OTHER EMPLOYEE BENEFITS	300,409.
ACCOUNTING FEES	35,800.
OTHER PROFESSIONAL FEES	638,995.
ADVERTISING AND PROMOTION	318,891.
ALL OTHER EXPENSES	55,132.
TOTAL TO FORM 199, PART II, LINE 17	<u>8,519,618.</u>

CA 199	NET NOTES RECEIVABLE	STATEMENT	9
--------	----------------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	4,158,246.	6,414,560.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	<u>4,158,246.</u>	<u>6,414,560.</u>

CA 199	OTHER INVESTMENTS	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVESTMENT IN NEW MARKET TAX CREDIT PROGRAM	1,212,906.	1,200,776.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,212,906.	1,200,776.	

CA 199	OTHER ASSETS	STATEMENT	11
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	63,305.	85,151.	
BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FNDN	349,097.	336,902.	
FINISHED HOMES FOR SALE	598,984.	333,125.	
CONSTRUCTION IN PROCESS	4,714,813.	1,690,057.	
DEPOSITS	44,584.	36,158.	
RECEIVABLE FROM SDHFH COMMUNITY HOUSING CORPORATION	162,366.	39,979.	
OTHER ASSETS	83,410.	68,515.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	6,016,559.	2,589,887.	

CA 199	BONDS AND NOTES PAYABLE	STATEMENT	12
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ESCROW ACCOUNT LIABILITIES	5,548.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 16	5,548.	0.	

CA 199	OTHER LIABILITIES	STATEMENT	13
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
REFUNDABLE ADVANCES	162,366.	39,979.	
BENEFITS LIABILITIES	0.	8,611.	
DEFERRED REVENUE	112,264.	124,879.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	274,630.	173,469.	



**ANNUAL REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**  
 Section 12586 and 12587, California Government Code  
 11 Cal. Code Regs. section 301-307, 311 and 312

(For Registry Use Only)

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><u>SAN DIEGO HABITAT FOR HUMANITY, INC.</u>          Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>8128 MERCURY COURT</u>          Address (Number and Street)</p> <p><u>SAN DIEGO, CA 92111</u>          City or Town, State, and ZIP Code</p> <p><u>(619) 283-4663</u>          Telephone Number</p> <p><u>ALISON.WEBER@SANDIEGOHABITAT.ORG</u>          E-mail Address</p>	<p>Check if:  <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT070897</u></p> <p>Corporation or Organization No. <u>1427529</u></p> <p>Federal Employer ID No. <u>33-0259190</u></p>
--	---

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2019 ending 06/30/2020) list:

Gross Annual Revenue \$ <u>9,733,868</u>	Noncash Contributions \$ <u>2,001,263</u>	Total Assets \$ <u>17,050,501</u>
Program Expenses \$ <u>11,422,863</u>	Total Expenses \$ <u>13,220,204</u>	

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? <span style="float: right;"><b>SEE STATEMENT 14</b></span>	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

<b>CLIENT'S COPY</b>	<b>LORI HOLT PFEILER</b>	<b>PRESIDENT &amp; CEO</b>
Signature of Authorized Agent	Printed Name	Title
		Date

