

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



*Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

Open to Public Inspection

		TIDE SELVICE	L								<u> </u>	<u> </u>	
	For th	e 2009 calendar	year,		eginning	7/01	, 20	009, and endi	ng 6/	<u>′30</u>		2010	
В	Check if	applicable		C						D Emplo	yer identifi	cation Number	
	Add	iress change IRS	ase use S label	IROISE A		ABITAT	FOR HUMAN	ITY, INC.		82-	04384	29	
	Nar	ne change or	r print type,	PO BOX						E Teleph	опе питье	r	
	Initi	ial return sp	See secific	BOISE,	ID 8370	7				(20	8) 33	1-2916	
	\vdash	l in	struc- ions.										
	\vdash	ended return	10113.	}						G Gross		1,168	160
	\vdash	· · · · · · · -	A1	and address of pr	<u> </u>				H(a) is this	a group retu			
	☐ App									ll affiliates inc		Yes Yes	
				AS C ABO				7		' attach a list			No L
<u> </u>		exempt status	X 501	(c) (<u>3</u>)◀ (ınser	t no)	4947(a)(1) oi	r 527	-				
<u>J</u>	Web	site: ► N/A								exemption n		8545	~
K			Corpora	ation Trust	Assoc	ation 0	ther -	L Year of Forma	ation 199	0 M	State of leg	jal domicile. II)
Pa	rt l 🦚	, Summary											
	1 8	Briefly describe t	he or	ganızatıon's ı	mission or	most signi	ficant activities:	ASSIST_	IN ELIM	<u>YITANIN</u>	N_OF	POVERTY	
e l	_	<u> HOUSING </u>		_									
Activities & Governance	_					- -							
Ē	_	-				- -			_ _	. .			
iov							s operations or o		ore than 2	25% of its	assets.		
8		-	•		-		VI, line 1a)				3		10
98		•		_		_	g body (Part VI,	line 1b)		• • • • •	4		9
7		Total number of						• •			5		
Ę		Total number of							•	• •	6		912
•		-					column (C), line		• • •		7a		0.
	<u>b (</u>	Vet unrelated bu	siness	taxable inco	ome from h	orm 990-	, line 34	· · · · · · · · · · · · · · · · · · ·			7b		0.
									1	Prior Year		Current Y	
		Contributions and								715,0			,566.
		Program service		•						198,		90	,116.
		nvestment incon									20.		431.
•				-			, 10c, and 11e) .			116,2			,138.
	12	Total revenue —	add li	nes 8 throug	h 11 (must	equal Par	t VIII, column (A	i), line 12)		1,029,4	109.	68	<u>, 975.</u>
	13 (Grants and simila	ar am	ounts paid (F	Part IX, col	umn (A), I	mes 1-3) .	•		10,0	000.	27	,888.
	14	Benefits paid to	or for	members (P	art IX, colu	ımn (A), fı	ne 4)						
_	15 3	Salaries, other co	omper	nsation, emp	loyee bene	fits_(Part	X, column (A), li	ines 5-10).,		312,	530.	293	,887.
Š	16a i	Professional fund	draisin	ng fees (Part	IX. column	(A). line	11eh en			. -			
Expenses	1	Total fundraising				1 1	FUEIVED	293,234.	1	i di		\$ ' ' \$ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
<u>~</u>		rotai lunuraising	expe	ises (Fait iz	c, column (D), IIIIe-23		233,234.	- 1000				
	17 (Other expenses	(Part I	X, column (/	A), lines I	\$ 10. W	(Af) 5 2046	_ 8		161,0			, 207.
							lumn (A), 264 25		<u> </u>	484,2			<u>, 982.</u>
	19	Revenue less ex	pense	s. Subtract li	ne 18 from	line-12	***************************************			545,	161.	-408	,007.
b g					- 1	OG	DEAL IIT	~=	Begi	nning of \	/ear	End of Y	ear
Net Assets or Fund Balances	20	Total assets (Par	rt X, lı	ne 16)	<u>. </u>		ZEIV, UI			2,753,4		2,421	,772.
9	21	Total liabilities (F	Part X	, line 26)				-		996,	579.	1,072	,961.
5	22	Net assets or fun	nd bala	ances Suhtra	act line 21	from line	20			1,756,8	318	1,348	
ر دود	rt II 🤄									_,,			,
_ , ,	115 '	1				thus ==4=	aludaa caasaa	cabadulas == 4 11	domests =	d to the head	of marries -	dodoo	
		true, correct, and c	perjury, omplete	Declaration of p	ave examined preparer (other	than officer)	cluding accompanying is based on all informa	schedules and su ation of which prep	atements, an parer has any	d to the best of knowledge.	or my know	rieage and beliet,	it is
e:-		> 755	\		$\overline{}$				- 1	11/5	1,_		
Siç 1e	}ii ro	Signature of of	licer						-	11/ J	7.0		
IC	16	Signature de en		2 1	1	_	P			ate			
		Willia	<u>M</u>	Bret 1	mioro		Tresurer						
		Type or print na	ame and	1 title					·				
				1		O,		Date		Check if self-	(see	parer's identifying instructions)	number
Pai		Preparer's		' d	<i>'</i>	/]		10/29/1	/\ ⁶	mployed			
		signature	///	zy 1	oy/	eru	000	/ //			N/	A	
Js Js	rer's	Firm's name (or	3/IM	<u>Mons ánd</u>	CZUBB							-	•
)n		yours if self- employed),	410	S. ORCH	ARD STE	156				ein - N	I/A		
J 1 1	٠,	address, and ZIP + 4	BOI	SE, ID 8	3705				F	Phone no	(208)	336-680	00
Mav	the IF	RS discuss this re			arer show	above? (see instructions)					X Yes	No
							the separate inst			TEEA0113	12/29/09		
													\J

Form 990 (2009) BOISE VALLEY HABITAT FOR HUMANITY, INC.	82-0438429	ı Page 2
Part III Statement of Program Service Accomplishments		
. 1 Briefly describe the organization's mission:		
ASSIST IN ELIMINATION OF POVERTY HOUSING		
		_
	~	
	 	
2 Did the organization undertake any significant program services during the year which were not listed	on the prior	
Form 990 or 990-EZ?	🗌 `	res 🗓 No
If 'Yes,' describe these new services on Schedule O.		_
3 Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices?	Yes X No
If 'Yes,' describe these changes on Schedule O.	_	_
4 Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	es by expenses. Sect	ion 501(c)(3)
and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants expenses, and revenue, if any, for each program service reported.	and allocations to othe	ers, the total
expenses, and revenue, if any, for each program service reported.		
4a (Code: 99,839. including grants of \$ 27,888.) (Revenue \$)
CONSTRUCT AND SELL MODEST HOMES TO LOW INCOME/NEEDY FAMILIES AT	NO PROFIT AND	
INTEREST FREE LOANS.		
	~	
		
	~ ~~	
	~~~~~~~.	
4b (Code:     Including grants of \$	) (Revenue \$	)
		<del>_</del>
	<del>-</del>	
4c (Code	) (Revenue ¢	
The Course Parameter (Course Parameter ) (Exherises 4 minimum grants or 5	) (Uevering 5	)
		<del></del>
		<del></del>
4d Other program services (Describe in Schedule O)		
(Expenses \$ including grants of \$ ) (Revenue	\$	
4e Total program service expenses ► 99,839.		

Part IV. Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u> </u>
9	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete' Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable	11	X	W. W. W.
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	3		
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12/	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X		A CM	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16_		х_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued) Yes No 21 Х 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 X 24a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If Yes,' complete Schedule L, Part III 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV... 28c Х X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M ...... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI . . . **37** Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 38 X Note. All Form 990 filers are required to complete Schedule O

BAA

Form 990 (2009)

Page 5 Part V* Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1 a 0 1 b **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 82 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 26 600 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a 3b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . 4a **b** If 'Yes,' enter the name of the foreign country: š, See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X provided to the payor? 7 a **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . . 7Ь c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c 7 d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 éi\ 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . 10a **b** Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

BAA

Form 990 (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year .

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

Sec	ction A. Governing Body and Management			
		5	Yes	No
	a Enter the number of voting members of the governing body	10		
	<b>b</b> Enter the number of voting members that are independent 1b	9	3	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee or key employee?	other 2	W. B.	X
3	Did the organization delegate control over management duties customarily performed by or under the direct sup of officers, directors or trustees, or key employees to a management company or other person?	ervision 3		_X_
4	Did the organization make any significant changes to its organizational documents	4	<u> </u>	_X_
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	. 6		X
	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<u>7a</u>		X
b	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.	<u>7b</u>	/ J==	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y the following:	ear by		
	a The governing body?	8a		 
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8b		X
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O			X
	ction B. Policies (This Section B requests information about policies not required by the	Internal		
Reve	venue Code.)		Yes	No
10 a	a Does the organization have local chapters, branches, or affiliates?	10a	162	X
b	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affi	filiates,		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form		X	
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDU			
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
	<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	х	
C	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' descr Schedule O how this is done		х	
13	Does the organization have a written whistleblower policy?	. 13		X
14		14	32. "	X
15	Did the process for determining compensation of the following persons include a review and approval by indeper persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ndent		
	a The organization's CEO, Executive Director, or top management official	15a	-	<u>X</u>
t	b Other officers of key employees of the organization	. 15b	F	X AAAA
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	-#	3. 3. 3.	
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a entity during the year?	a taxable 16a	X23	X
£	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its par in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's status with respect to such arrangements?	ticipation exempt 16b		
Sec	ction C. Disclosures			
17	List the states with which a copy of this Form 990 is required to be filed > _ ID			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) inspection. Indicate how you make these available. Check all that apply.	s only) avaılab	le for p	oublic
	Own website Another's website X Upon request			
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of int statements available to the public.			incial
	State the name, physical address, and telephone number of the person who possesses the books and records of the LAY 704 S. LATAH BOISE ID 83705 (208) 331-2916	f the organizat	ion. 	

BAA

Form 990 (2009)

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did no	t compen	sate a	any e	curre	ent (	officer	, dır	ector, or trustee.		
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours		tion (		_	hat appl		Reportable compensation from	Reportable	Estimated amount of other
	per week	Individual trustee or director	Institutional trust	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization
		ictor	tiona	,	nplo	t cor	i,			and related organizations
		nste	<b>1</b>		yee	nper				organizations
	ł	i	stee			sated			1	
PATRICK HAAS			<del>                                     </del>		-					
PRESIDENT	2	Х	1					0.	0.	0.
KRISTIN BJORKMAN										
VICE PRESIDENT	2	X						0.	0.	0.
BRET AMIDEO										
TREASURER	2	X						0.	0.	0.
LEROY CUSTER										
SECRETARY	2	X			<u> </u>			0.	0.	0.
MARILEE FULLER	]						. '			
TRUSTEE	2	Х	L		<u> </u>		<u> </u>	0.	0.	0.
DON GUNNER	1									
TRUSTEE	2	X	<u> </u>					0.	0.	0.
DENNIS ROBINSON	1	}			l				ł	
TRUSTEE	2	X			L_			0.	0.	0.
STEVE TENNESSEN	1									
TRUSTEE	2	X	_		Ĺ			0.	0.	0.
DEBBIE_VINCENT	_		•			<u> </u>		-	_	
TRUSTEE	2	X		<u> </u>		ļ		0.	0.	0.
STEVE_WOODWORTH	_							_	_	
TRUSTEE	2	X	ļ					0.	0.	0.
TOM LAY		1	ł		l				_	_
EXECUTIVE DIREC	40_	ļ.——	ļ_	Х	<u> </u>			55,890.	0.	0.
	-					]		,	j	
	<del> </del>	-			-					
	1									
		-								
			_		_					
									]	
			<u> </u>							
			<u> </u>	L			L	[ <u></u>		

TEEA0107L 11/10/09

Page 8

Part VII   Section A. Officers, Directors, Trus	tees, K	(ey	En	plq	oye	es,	and	d Highest Con	npensated Emp	oloyees (cont.)
(A)	(B)		(c)					(D)	(E)	(F)
Name and Title		erage Position (check all that ap						Reportable compensation from	Reportable compensation from	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensa employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
			l °			ted		·		
	<del> </del> -	<u> </u>				$\vdash$				<del> </del>
										ļ 
1 b Total	L	<u> </u>	l	·		<b>-</b>	<b></b>	55,890.	0.	0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	sted	ab	ove)		o re		<del></del>	table compensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i	ndıvıdua	al	٠.		-					Yes No
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater tindividual		50,00	00?	lf 'Y	'es'	com	plet	e Schedule J for	such	. 4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc	ompens hedule	atio <i>I for</i>	n fro	om a th pe	any e <i>rso</i>	unre n	late	d organization fo	r services	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensal	lad inda	no=	40-4		tro-	tor-	+h-	t recovered mass t	han \$100,000 of	
compensation from the organization	tea mae	pend		COI	ııraı		una	received more t	man \$100,000 or	<del>-</del>
(A) Name and business addres	s	<del></del> -						Description of	of Services	(C) Compensation
		_								
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımı	ted	to th	nose	liste	ed a	bove) who receiv	ed more than	

Pai	rt VIII   Statement of Re	evenue			· · · · · · · · · · · · · · · · · · ·		
à.				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
GIFTS, GRANTS	b Membership dues     c Fundraising events     d Related organizations	1b 1c 1d	2,500.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	Government grants (contributed     All other contributions, gifts, g     similar amounts not included a     g Noncash contribns included in     h Total. Add lines 1a-1f.	grants, and above 1f	655,066. 472,164.	657,566.			
	11 Total: Add liftes Ta-11 :	<del></del>	Business Code	1-th 1-th 1-th 1-th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 2 3 4 " 15 4 1 W/g	7 1985 V 1984 A
2		Ļ	Business Code	J		~	
7	2a GAIN ON SALE OF MO	RTGAGES		47,496.			
#	b imputed interest of	N MORTG		39,181.	39,181.		
필	c MISC. PROGRAM RECE			3,439.			
PROGRAM SERVICE REVENUE	d			3, 133.	3,133.		
₹	e						
8	f All other program service	ce revenue					
2	g Total. Add lines 2a-2f	_	>	90 116	Palas in later . A	St. 10047 - 1. E'SOL	Arani na kata ka
-	3 Investment income (included other similar amounts)	luding dividends	· · · · · · · · · · · · · · · · · · ·	431.	Compression and the same of	EX. (Te off), Te year	431.
	<u> </u>					<del></del>	331.
1	4 Income from investment	t of tax-exempt	bond proceeds			<u> </u>	
	5 Royalties		<b>&gt;</b>				
	]	(i) Real	(ii) Personal	- 3.50 - 7 - 2 - 5 - 5	F F 127 3	N. 12 12 24	**
1	<b>} }</b>	(I) INCOL	(ii) i eisonai	to the state of		"	1 1 1 1 1 1 1 1 1
, i	6a Gross Rents			The service of the se		Market Brown in a second	
- 1	<b>b</b> Less. rental expenses		i				
	1		<del>- </del>	Santa Levia 1 Takin Lak	Contract San		
1	c Rental income or (loss) [			* 1,5 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u> </u>
	d Net rental income or (lo	oss)	. <u></u>			<u> </u>	<u> </u>
	7-0	(i) Securities	(ii) Other	The same of the same	Rain 2000 or than	The King of the Control of the	
	7a Gross amount from sales of		<del></del>				
	assets other than inventory .		<del></del>			\$ 1 m	
	<b>b</b> Less: cost or other basis			State of the state	<b>国际公司</b>		
	and sales expenses	į	1				
	l ' '		<del> </del>		The Rose of the same		
	c Gain or (loss)				18 - 3 - 37 - 17 - 17 - 17 - 18 - 18 - 18 - 18 - 1	S 221 222	
	d Net gain or (loss)		<u></u> .	<u> </u>		·	
UE	8a Gross income from fund (not including \$	draising events 2,500.					
OTHER REVENU	of contributions reported			Dogwood was beat	the with the		Side of the same of
É	•		0 202		Mary Mary		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	See Part IV, line 18		a 8,303.				1. 1. 1. 1. 1.
Ĕ	<b>b</b> Less: direct expenses .		b 4,049.	3.42 (39) Com 3	A	27、自己的资本设置	<u>是一点的</u> 这一个多
Ò	c Net income or (loss) fro	om fundraising e	vents	4,254.	}		4,254.
1		_		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10.19.00	18. 2 . 1 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2	pr 8 1 1 24 7 1
	9a Gross income from gam See Part IV, line 19 .	ning activities.					
	See Part IV, line 19 .		a		医二氢甲基二		
	<b>b</b> Less: direct expenses	1	b		\$2 0.00 · 0.00 . 0 · 0		
	c Net income or (loss) fro	om daming activ	uties ►				
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	( See 15 )	\$ - 1 Care - 1-1500 -	1 ( () ( () () () () () () () () () () ()	47 C S 10
	10a Gross sales of inventory and allowances	y, less returns					- 7
	and allowances .	6	a 411,744.		4		
	<b>b</b> Less. cost of goods sold	d. 1	ы 1,095,136.	(秦) · · · · · · · · · · · · · · · · · · ·		the state of the state of	\$ 1 kd 1 kd
	c Net income or (loss) fro			-683,392.			-683,392.
ì						the statement of the second	-663,392. 
	Miscellaneous Reveni	ue	Business Code	- 11, - Wall-	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 36/62	
	11a				<u> </u>	<u> </u>	
	ь						
ļ		- <i></i>			<del> </del>	·	
	'	}		<del> </del>	<del> </del>	<del> </del>	
	d All other revenue .	į					L
	e Total. Add lines 11a-11	d . ¯			12 May 12	**	,
İ	12 Total revenue. See inst			68,975.	90,116.	0.	-678,707.
	in inter leveling. See Ilist	1000013.		1 00,515.	70,110.	<u> </u>	070,707.

Part IX: Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C),	and (D).
, an earlier or garmanonia mices complete comple	(~).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	27,888.	27,888.	- Street Street	
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22			MARCO PROPERTY 12	
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members .			3 3 3 . 2	<u> </u>
5 Compensation of current officers, directors, trustees, and key employees.	55,890.	16,767.	16,767.	22,356.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages.	212,038.	76,704.	34,129.	101,205.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits.				
10 Payroll taxes	25,959.	9,056.	4,931.	11,972.
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	875.	875.		
c Accounting .	22,248.	9,823.	12,425.	
<b>d</b> Lobbying			, , , , , , , , , , , , , , , , , , , ,	
e Prof fundraising svcs. See Part IV, In 17		The state of the s	J. J. 198 10	
f Investment management fees				
<b>g</b> Other				
12 Advertising and promotion		<del>-</del>	ļ	
13 Office expenses .				
14 Information technology				
15 Royalties .				
16 Occupancy	115,173.	1,387.	755.	113,031.
17 Travel	7,446.	3,624.		3,822.
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	80.			80.
20 Interest		<del></del>		<u> </u>
21 Payments to affiliates			ļ.————————————————————————————————————	
22 Depreciation, depletion, and amortization.	10,806.	1,956.	1,065.	7,785.
23 Insurance	24,000.	13,697.	3,234.	7,069.
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed				
5% of total expenses shown on line 25 below ).	1000年10日		建计算字点点	
a MISCELLANEOUS	14,118.	387.	3,644.	10,087.
b MEDIA, TOURS, NEWSLETTER	8,993.	1,025.	535.	7,433.
c EQUIPMENT RENTAL AND MAINTENAN	8,942.	4,639.	2,532.	1,771.
d SUPPLIES	7,458.	3,980.	809.	2,669.
e TELEPHONE	5,733.	2,355.	1,282.	2,096.
f All other expenses	-70,665.	-74,324.	1,801.	1,858.
25 Total functional expenses. Add lines 1 through 24f	476,982.	99,839.	83,909.	293,234.
26 Joint costs. Check here ► X if following		· · · · · · · · · · · · · · · · · · ·	,	
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA				Form 990 (2009)

Part X Balance Sheet

BAA

Form 990 (2009)

(A) Beginning of year (B) End of year 228,301. 162,741 1 Cash — non-interest-bearing. Savings and temporary cash investments . . . . . 2 45,633 3 611 3 Pledges and grants receivable, net 4 4 Accounts receivable, net ......... Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L. 6 581,098 819,512. 1,929,166. 1,331,914. Inventories for sale or use . 7,956. 4,270. **9** Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. | 10a Complete Part VI of Schedule D **b** Less: accumulated depreciation. . . 10Ы 23,643. 33,904. 11 Investments — other securities. See Part IV, line 11 ... 12 12 13 13 Investments - program-related. See Part IV, line 11 ... 14 Intangible assets ... .. ... 14 3,260 15 Other assets. See Part IV, line 11 15 3,260. 2,753,497. 2,421,772. Total assets. Add lines 1 through 15 (must equal line 34) 16 63,210. 17 81,887. 18 18 Grants payable. 19 Deferred revenue ... 19 20 20 Tax-exempt bond liabilities. 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . 22 920,027 23 990,530 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 13,442 25 544 25 Other liabilities Complete Part X of Schedule D ... 996,679. 26 Total liabilities. Add lines 17 through 25 ... ... X and complete lines Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34. 1,690,997. Unrestricted net assets . 27 65,821 28 28 Temporarily restricted net assets Permanently restricted net assets . Q R Organizations that do not follow SFAS 117, check here and complete FUND lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 BALANCES 31 Paid-in or capital surplus, or land, building, and equipment fund. 32 32 Retained earnings, endowment, accumulated income, or other funds 1,756,818. 1,348,811. 33 Total net assets or fund balances. . . 33 Total liabilities and net assets/fund balances 2,753,497. 2,421,772.

Form 990 (2009) BOISE VALLEY HABITAT FOR HUMANITY, INC.	82-0438429		Pa	ge <b>12</b>
Part XI [™] Financial Statements and Reporting				
			Yes	No
1 Accounting method used to prepare the Form 990: $\square$ Cash $\square$ Accrual $\square$ Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	[	2a		<u>X</u> _
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	_X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs review, or compilation of its financial statements and selection of an independent accountant?.	ight of the audit,	2 c	X	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	ain			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year w consolidated basis, separate basis, or both:	ere issued on a			
X Separate basis Consolidated basis Both consolidated and separate basis	]." 	183.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	n in the Single	3 a	х	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo	the required audit	3 h	y	

BAA

Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name	of the	organization							Employe	r identificat	tion number	
BOI	SE	VALLEY HABIT	TAT FOR HUMANI	TY, INC.					82-0	438429	<del>)</del>	
Par	t",li	Reason for Pu	blic Charity Statu	s (All organizations	must d	comple	te this	part.)	See	nstruct	ions	
The o	orga	nization is not a pri	vate foundation becau	se it is (For lines 1 thro	ugh 11,	check o	nly one	box.)				
1		A church, conventi	on of churches or asse	ociation of churches desc	cribed in	section	170(b)	(i)(A)(i)				
2	Н	A school described	I in section 170(b)(1)(	A)(ii). (Attach Schedule I	E)							
3	П	A hospital or coope	erative hospital service	e organization described	ın <b>secti</b>	on 170(l	)(A)(1)(d)	iii).				
4	Н			d in conjunction with a h					0(Б)(1)(	A)(iii). Er	nter the hospital	s
	ш	name, city, and sta	- ,	•	•						•	
5		An organization op 170(b)(1)(A)(iv). (0	erated for the benefit Complete Part II.)	of a college or university					nmenta	unit de	scribed in section	in
6 7	X	An organization that		governmental unit descri substantial part of its su art II.)					t or fron	n the ger	neral public desc	cribed
8				170(b)(1)(A)(vi). (Comple	te Part I	l.)						
9	$\sqcap$	An organization that	normally receives: (1)	more than 33-1/3 % of its	support f	rom conf	tributions	s, memb	ership fe	es, and	gross receipts	
		from activities relate investment income	d to its exempt function	is – subject to certain exce iss taxable income (less	eptions, a	and (2) r	o more t	than 33-	1/3 % of	its suppo	ort from aross	after
10	П			exclusively to test for pu	ublic safe	ety See	section	1 509(a)	(4).			
11												
		a Type I	<b>b</b> Type II		I – Fund					d□	Type III- Othe	
е	П			ganization is not control		•			or more	ر∟ ~		
•		than foundation ma 509(a)(2)	anagers and other tha	n one or more publicly s	upported	d organi	zations	describ	ed in se	ction 509	(a)(1) or section	1
f		If the organization check this box.	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting	organization,	
				tion accepted any gift o	r contrib	ution fr	nm anv	of the f		nersons	 :7	
g		Office August 17, 2	.000, mas the organiza	tion accepted any gift o		ation in	on any	01 1110 1	onown ig	persons	Yes	No
		(i) a person who	directly or indirectly	controls, either alone or	toaether	with pe	rsons d	escribe	d in (ii) :	and (III)	103	1
		below, the go	overning body of the s	upported organization?					`		. 11 g (i)	<u> </u>
		(ii) a family men	nber of a person desc	cribed in (i) above?							. 11 g (ii)	<u> </u>
		(iii) a 35% contro	lled entity of a persor	ı described in (i) or (ii) a	bove?	•					. 11 g (iii)	<u> </u>
h		Provide the following	ng information about t	he supported organization	ons.				,			
	(i	) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	is the ton in cold in your triing ment?	the organ	ou notify sization in (i) of upport?			(vii) Amount of Su	pport
					Yes	No	Yes	No	Yes	No		
		···-		-								
						1		1	[	[		
				<u> </u>	<u> </u>			<u> </u>				
					<u> </u>							
					<u> </u>							
				· <del></del>					1	]	<del>-</del>	
					<u> </u>							
Total												

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009

82-0438429 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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	528,868.	371,996.	649,239.	715,071.	658,566.	2,923,740.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4	Total. Add lines 1-through 3.	528,868.	371,996.	649,239.	715,071.	658,566.	2,923,740.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						104,240.
6	Public support. Subtract line 5 from line 4						2,819,500.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	528,868.	371,996.	649,239.	715,071.	658,566.	2,923,740.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	8.	13.	7.	20.	431.	479.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV		237.	12,773.	221.	6,754.	19,985.
11	Total support. Add lines 7 through 10						2,944,204.
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	0.
13	First five years. If the Form 990 organization, check this box and				or fifth tax year as		(3) ▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20	• •	•	ne 11, column (f)		. 14	95.8%
15	Public support percentage from	2008 Schedule A,	Part II, line 14			15	99.5%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	l not check the bo blicly supported o	ox on line 13, and rganization.	the line 14 is 33	-1/3 % or more, cl	neck this box ► X
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	l not check a box olicly supported o	on line 13, or 16a rganization	a, and line 15 is 3	3-1/3% or more, c	heck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	re. Explaın ın Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organi	s' test, check this zation qualifies as	box and <b>stop he</b> i a publicly suppo	e. Explain in Part rted organization.	IV how the ► □
10	Private foundation If the groups	tation did not che	ck a how on line	13 16a 16h 17a	or 17h check th	ne hay and see in	structions ►

BAA

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

	(Complete only if you che	cked the box on li	ne 9 of Part I )				
Sac	tion A. Public Support	cked the box on it	ne 3 or r art i.)				
		(a) 200E	(h) 2006	(a) 2007	(d) 2008	(2) 2000	(O Total
	idar year (or fiscal yr beginning in) > Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	(a) 2005	<b>(b)</b> 2006	(c) 2007	(a) 2008	(e) 2009	(f) Total
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge.						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
	disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		· · · · · · · · · · · · · · · · · · ·				
8	Public support (Subtract line					33.4.2.433.8	
	7c from line 6.)		<b>美學公司的</b>	ELTRINAM!		<b>兴建山,建筑</b> 等	<u> </u>
Sec	tion B. Total Support	r				<del></del>	
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6					<del>                                       </del>	
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.		!				
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990		ation's first secon	nd third fourth	or fifth tay year a	s a section 501(c)(3	<u> </u>
	organization, check this box and	stop here	<u> </u>	· · · · · · · · · · · · · · · · · · ·	- inti tax year a		<u>′                                    </u>
Sec	tion C. Computation of Pu	blic Support P	ercentage				
15	Public support percentage for 20	009 (line 8, column	n (f) divided by lir	ne 13, column (f))		. 15	%
	Public support percentage from			<u> </u>	· · · · · · · · · · · · · · · · · · ·	16	%
Sec	tion D. Computation of Inv						
17	Investment income percentage f	or <b>2009</b> (line 10c,	column (f) divide	d by line 13, colu	mn (f))	17	%
			, ,			18	%
	33-1/3 support tests — 2009. If the comore than 33-1/3%, check this be 33-1/3 support tests — 2008. If the	oox and stop here.	. The organization	n qualifies as a pi	ablicly supported	organization	► []
D	33-1/3 support tests — 2008. If the is not more than 33-1/3%, check	ne organization di this box and <b>sto</b> j	o not check a bot <b>p here.</b> The organ	ization qualifies a	a, and fine 16 is i is a publicly supp	nore man 33-1/3%, orted organization	and line 18
	Private foundation, if the organi						▶∏

Schedule A	(Form	990 or	990-EZ	2009	BOISE	VALLEY	HABITAT	FOR	HUMANIT	Y, INC	82-0438429	Page 4
Partive	Supr	lemer	ital Inf	ormat	tion. Con	plete thi	s part to p	rovide	the expla	anations	. 82-0438429 required by Part II formation. See ins	, line 10;
	Part	II, line	17a c	r 17b;	and Par	t III, line	12. Provid	le any	other add	ditional ir	iformation. See ins	structions.
									<u> </u>			
					<del></del>				<del>-</del>			
									<b>-</b>			
				_ <del>_</del>					<b>-</b>			
		·						_ <b>_</b>			<del>_</del>	
				<b></b> – – .				<b></b>			<b>-</b>	
	<b>.</b> – –	. <b>_</b>										
	. <b>_</b> _ ~		<u>-</u>			_ <b></b>						
											<del>-</del>	
		<del>-</del>										
		<del>-</del>						- <b>-</b>				
										<b>_</b>		
	. – – -											
				. <u></u>							_ ~ ~ _ ~ _ <b></b>	~
							<del>-</del>					
												· – – – – – – – –
	. – – –			. <b>_</b>								
	<b></b>			. <b></b>		<b></b>					<b></b>	
										<b>-</b>	<b></b>	·

# SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

an Financial Statements 200 anization answered 'Yes,' to Form 990,

Open to Public Inspection

OMB No. 1545-0047

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

BUISE VALLEY HABITAT FOR HUMANITY, INC.	82-0438429
Part   Organizations Maintaining Donor Advised Funds or Other Similar	
the organization answered 'Yes' to Form 990, Part IV, line 6.	
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
2 Aggregate contributions to (during year).	
3 Aggregate grants from (during year).	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held funds are the organization's property, subject to the organization's exclusive legal conti	d in donor advised Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grantiated only for charitable purposes and not for the benefit of the donor or donor advisor purpose conferring impermissible private benefit??	nt funds may be or for any other
Part II Conservation Easements Complete if the organization answered "	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	103 107 01171 990, 1 411 14, 11110 7.
	ation of an historically important land area
	ation of certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribut last day of the tax year.	tion in the form of a conservation easement on the
<del></del>	Held at the End of the Year
a Total number of conservation easements.	2a
<b>b</b> Total acreage restricted by conservation easements	. 2b
c Number of conservation easements on a certified historic structure included in (a)	. 2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
3 Number of conservation easements modified, transferred, released, extinguished, or te	rminated 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	on, handling of violations,
and enforcement of the conservation easement it holds?	Yes   No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation during the year ►	n easements
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easily during the year ►	sements \$
8 Does each conservation easement reported on line 2(d) above satisfy the requirements	s of section
170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	L Yes L No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements conservation easements	expense statement, and balance sheet, and that describes the organization's accounting for
Part III. Organizations Maintaining Collections of Art, Historical Treasure Complete if the organization answered 'Yes' to Form 990, Part IV,	es, or Other Similar Assets line 8.
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue s treasures, or other similar assets held for public exhibition, education, or research in futhe text of the footnote to its financial statements that describes these items.	statement and balance sheet works of art, historica urtherance of public service, provide, in Part XIV,
b If the organization elected, as permitted under SFAS 116, to report in its revenue state treasures, or other similar assets held for public exhibition, education, or research in fu amounts relating to these items:	ement and balance sheet works of art, historical urtherance of public service, provide the following
(i) Revenues included in Form 990, Part VIII, line 1.	<b>&gt;</b> \$
(ii) Assets included in Form 990, Part X	>\$ >\$
2 If the organization received or held works of art, historical treasures, or other similar as amounts required to be reported under SFAS 116 relating to these items	ssets for financial gain, provide the following
a Revenues included in Form 990, Part VIII, line 1	. ►\$
<b>b</b> Assets included in Form 990, Part X	▶\$

Schedule D (Form 990) 2009 BOISE							82-043			Page 2
Part III Organizations Maintai	ining Colle	ctions of A	rt, Histo	rical Tre	asures, or	Other	Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisitivems (check all that apply)	on accession	and other red		-	_	hat are a	a significant us	e of its	collecti	on
a Public exhibition		d	<b>—</b>	or exchang	e programs					
<b>b</b> Scholarly research		е	U Other							
c Preservation for future gener										
4 Provide a description of the organ Part XIV.			-	-	_			se in		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or ather than to	receive donat	tions of art d as part o	i, historical of the orga	l treasures, o nization's col	r other s lection?	imilar	Yes	Γ	No
Part IV Escrow and Custodia 9, or reported an amo	Arrangem	ents Comp	olete if o	rganızatı				90, Pa	rt IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?		n, or other int		for contrib	outions or oth	er asset	s not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV a	and complete	the followi	ng table:		f	T		_	
							ļ. <u>.</u>	Amoun	<u>t</u>	
c Beginning balance						10	<u> </u>			
<b>d</b> Additions during the year					· · · · ·	1 d	<del> </del>			
e Distributions during the year.	•• •	• • • • • • • • • • • • • • • • • • • •			• • • •	. <u>1 e</u>	<del> </del>			
f Ending balance	• •		•	•	••••	_ 1f	<u> </u>			<del></del>
2a Did the organization include an a		rm 990, Part )	X, line 21?	•	• • • • • • • • • • • • • • • • • • • •			Yes	L	No
b If 'Yes,' explain the arrangement		<del></del>		104 1		0 0	07.1			
Part V. Endowment Funds Co								1		- <del></del>
	(a) Current	year (	(b) Prior year	(c)	Two years back		Three years back	(e)	Four year	s back
1a Beginning of year balance.				£-31.		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			<b>3</b> .59(2)(4).	79 21 B
<b>b</b> Contributions				2 (34)	%.£\$&±\$( <b>#V</b> €££16 2#V####10###	AS 5 - 45 The K 1250			Marie St. 7. Marie St. 7.	. # z::/
c Net Investment earnings, gains, and losses				- 21 (1) 16 - 31						
d Grants or scholarships .				A.	estant v		Branch 1990	1 2 4		A CONTRACT
e Other expenditures for facilities and programs										
f Administrative expenses .				980 E	マはは調整をはり			,收到数	TIM!	談片類
g End of year balance				\$\$#**	<b>生物類的主</b>	拉门鄉聲	學也們們看到			<b>第</b> 一定制
2 Provide the estimated percentage	e of the year	end balance I	neld as:							
a Board designated or quasi-endov	vment ►		*							
<b>b</b> Permanent endowment ▶	<b>%</b>									
c Term endowment ►	<b>8</b>									
3a Are there endowment funds not a	in the possess	sion of the or	ganızatıon	that are h	eld and admii	nistered	for the	ſ	Yes	No
(i) unrelated organizations.						,		3a(i)		
(ii) related organizations		• • •						3a(ii)		
<b>b</b> If 'Yes' to 3a(n), are the related of	organizations		ured on Sc	hedule R?				3b		
4 Describe in Part XIV the intended	-	•						I		L
Part VI Investments-Land, B					90. Part X.	line 1	0.			
Description of investment		(a) Cost or ot	her basis	(b) Cos	t or other (other)	(c) A	ccumulated preciation	(d) l	Book Va	alue
<b>1a</b> Land		•			· · · · · · · · · · · · · · · · · · ·		0.0%			
<b>b</b> Buildings .										
c Leasehold improvements .					i					
d Equipment	,			·	67,745.		33,841.		33.	,904.
e Other							·			
Total. Add lines 1a through 1e (Column	ın (d) must ed	ual Form 990	, Part X. c	olumn (B).	, line 10(c).).				33.	,904.
BAA	,,,						Sched	lule <b>D</b> Æ		2009

Schedule D (Form 990) 2009 BOISE VALLEY HABIT Part VII Investments—Other Securities See Fo	AT FOR HUMANIT	Y, INC. ne 12. N/A	82-0438429 Page 3
(a) Description of security or category	(b) Book value	(c) Met	hod of valuation
(including name of security) Financial derivatives	· · · · · · · · · · · · · · · · · ·	Cost or end-	of-year market value
Closely-held equity interests			
Other			· · · · · · · · · · · · · · · · · · ·
	<u> </u>		
	<del></del>	***************************************	
			<del> </del>
		·	
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)  Part VIII Investments—Program Related (See F	orm 990 Part X I		BOLE BUY BUT BUT
(a) Description of investment type	(b) Book value		hod of valuation
(a) Description of investment type	(2) 20011 Value	Cost or end-	of-year market value
		<u> </u>	
	··		
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)		1 - Torriba disate de	militaria Transfer June -
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
(a) De	scription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B), li	ne 15).		<b>&gt;</b>
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes		14.	Acordon State of the State of t
HOMEOWNERS ESCROW DEPOSIT		14.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	54	14.	
2. FIN 48 Footnote. In Part XIV, provide the text of the foot	note to the organization	n's financial statements tha	t reports the organization's liability

Sche	dule D (Form 990) 2009 BOISE VALLEY HABITAT FOR HUMANITY, INC.	82-0438429	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
`1	Total revenue (Form 990, Part VIII,column (A), line 12)		68,975.
2	Total expenses (Form 990, Part IX, column (A), line 25)		476,982.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-408,007.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9		-408,007.
Pai	tXIII Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1	Total revenue, gains, and other support per audited financial statements	1 1	,245,644.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments 2a		
	Donated services and use of facilities	6.	
	Recoveries of prior year grants		
	Other (Describe in Part XIV) SEE PART XIV 2d 1,150,98	<del></del>	
	Add lines 2a through 2d		<u>,176,669.</u>
	Subtract line 2e from line 1	. 3	<u>68,975.</u>
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	- CO 07F
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	· · · · · · · · · · · · · · · · · · ·	68 <u>,</u> 975.
			,653,651.
	Total expenses and losses per audited financial statements	<u>I</u>	, 033, 031.
	Donated services and use of facilities	6	
	Prior year adjustments 2b		
	COther losses		
	Other (Describe in Part XIV). SEE PART XIV	3	
	Add lines 2a through 2d		,176,669.
3	Subtract line 2e from line 1	3	476,982.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	476,982.
	t XIV Supplemental Information		
Com line infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Par 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete the mation.		

Schedule D (Form 990) 2009 BUISE VALLEY HABITAT FOR HUMANIII, INC.	82-0438429	Page 5
Part XIV Supplemental Information (continued)		
	·	
		<del>-</del>
		<del>_</del> _
	<b></b>	

# SCHEDULE I (Form 990)

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
➤ Attatch to Form 990.

OMB No 1545-0047

Open to Public Inspection 2009

**A** 

X No (h) Purpose of grant or assistance INTERNATIONAL Part II. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form BUILDING SUPPORT Employer identification number Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 82-0438429 (g) Description of non-cash assistance : 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? : (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 27,888 : Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 2 Enter total number of section 501(c)(3) and government organizations 91-1914868|501C(3)General Information on Grants and Assistance (b) EIN HABITAT FOR HUMANITY 3 Enter total number of other organizations (a) Name and address of organization or government HABITAT INTERNATIONAL AMERICUS, GA 31709 Department of the Treasury nternal Revenue Service VALLEY Name of the organization 1 1 1 BOISE Part

Schedule I (Form 990) 2009.

TEEA3901L 02/10/10

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

Page 2 Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Randing Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 82-0438429 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance BOISE VALLEY HABITAT FOR HUMANITY, INC. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Partill# BAA

# SCHEDULE L (Form 990 or 990-EZ)

or 990-EZ.

1.6

**Transactions with Interested Persons** 

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization						E	mployer i	dentifica	ition nu	mber		
BOISE VALLEY HABITAT FOR HUM							2-04					
Part 1 Excess Benefit Transaction Complete if the organization answ	n <b>s</b> (sect ered 'Yes'	ion 501 on Forn	(c)(3) a 1 990, Par	and section t IV, line 25a	501(c)( or 25b, or	4) organiz Form 990-E	zations Z, Part \	only , line	/). 40b.			
4 (a) Name of disqualified person					(h) Description	on of transaction					(c) Cor	rected?
1 (a) Name of disqualfied person			–	<del></del>	(b) Description						Yes	No
									_			
										_	-	
			·					· -				-
2 Enter the amount of tax imposed on the section 4958						ring the yea	r under	<b>►</b> \$		1	اا	L
3 Enter the amount of tax, if any, on line				organization	1 .			<b>►</b> \$				
Part II Loans to and/or From Inter												
Complete if the organization answ	ered 'Yes'	on Forn	1 990, Par	t IV, line 26 o	r Form 990	)-EZ, Part V,	line 38	а.				
(a) Name of interested person and purpose		to or from	(c) princi	Original pal amount	(d) B	alance due	(e) In (	default?	(f) App	ard or	(g) W agree	/ritten ment?
	То	From						No	Yes	No	Yes	Nó
				<del></del>	<u> </u>		┼					
		<del> </del>			ļ. <del></del>			$\vdash$				
Total				. ►\$			\$\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{\bullet}^2\ph_{	क एउटिस्के	ىپى€،	~ \$15°	,	Æ.Ú
Part III Grants or Assistance Bene Complete if the organizatio	efitting I n answe	nteres ered 'Y	t <b>ed Pers</b> es' on F	orm 990, F	Part IV, I	ıne 27.						
(a) Name of interested person	(	<b>b)</b> Relation	ship betweer the orgai	interested person	n and		(c) Amour	it and ty	pe of as	sistance	•	
										_		
						ļ						<del></del>
	_					<del></del>						
						<u> </u>						
Part IV Business Transactions Inv Complete if the organization	<b>olving l</b> n answe	<b>nteres</b> ered'Ye	ted Pers	sons. orm 990, P	art IV, I	ne 28a, 2	8b, or	28c.				
(a) Name of interested person	(b) R intere	elationship ested persoi organizati	n and the	(c) Amor transact	unt of ion \$	( <b>d)</b> D	escription	of transa	action		organiz rever	aring of zation's nues?
ALISON HAAS	SBOTTS	E OF T			40,531.	WAGES					Yes	No_X
ALLOUM MACALLA	35003	L OF II	VOSTEE		40,331.	MAGES						
						-						
BAA For Brivacy Act and Bananyout Badust	ion Act M	otice co	a the Inc	ructions for	Form 990		hadula	I (For	m 000	or or	10 E 7	3000
<b>BAA For Privacy Act and Paperwork Reduct</b>	IUN ACT N	ouce, se	e me insi	uucuons ior	- OFFIII 330		<u>hedule</u>	L (ror	טעב זוו	טו של	,∪-⊏Z)	2009

#### SCHEDULE M (Form 990)

. .

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

82-0438429 BOISE VALLEY HABITAT FOR HUMANITY, INC. Part 13 Types of Property (b) (c) (d) (a) Check if Number of Revenues reported Method of determining on Form 990. revenues Contributions applicable Part VIII, line 1g Art-Works of art Art-Historical treasures Art-Fractional interests Books and publications. 541,697. RESALE VALUE X TATELL LANGE Clothing and household goods ..... 6 Cars and other vehicles....... 7 Boats and planes. .. .. Я Intellectual property . ... 9 Securities—Publicly traded Securities-Closely held stock 10 Securities-Partnership, LLC, or trust interests. 11 Securities-Miscellaneous... Qualified conservation contribution-Historic structures.. . . . . . . Qualified conservation contribution-Other. . 14 Real estate-Residential 16 Real estate-Commercial . 17 Real estate-Other . . . Collectibles 18 19 Food inventory . . . . Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts ..... 23 Scientific specimens ...... 24 Archeological artifacts ..... 25 Other ► ( 27 Other ► (______ 28 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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30 a **b** If 'Yes,' describe the arrangement in Part II. X 31 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? ... 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ... 32 z

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

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

**b** If 'Yes,' describe in Part II.

describe in Part II.

Schedule M (Form 990) 2009

Schedule	M (Form 990) 200	9 BOISE	VALLEY	HABITAT	FOR F	HUMANITY,	INC.	82-0438429	Page 2
Part	Supplemental	Informati	on. Comp	lete this p	art to p	provide the	information required	82-0438429 by Part I, lines 30b,	32b,
	and 33. Also c	omplete the	his part fo	or any add	itional i	information.			
<b>-</b>									
							<del>_</del>	<del></del>	
							<b></b>	<b></b>	
<del>_</del>				<b>_</b>			. – – – – <del>-</del> – – – – .		
					<b>-</b>				
							<b></b>		
							<b></b>		
				<del>-</del>					
							<del>-</del>		
				-					
							<b></b>		
		<del>-</del>							
								<del>-</del>	
	<del>-</del>								
	<b>-</b>								
							<del>.</del>		

TEEA4602L 07/21/09

Schedule M (Form 990) 2009

BAA

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

**200**9

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

	Employer identification number
BOISE VALLEY HABITAT FOR HUMANITY, INC.	82-0438429
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
REVIEWED_BY_ALL_BOARD_MEMBERS	
	·
	·

Schedule 0 (Form 990) 2009 Name of the organization	Page 2
BOISE VALLEY HABITAT FOR HUMANITY, INC.	82-0438429
BOIGH VIRGINI HEBITATION HOLIMITITY THE.	
	<b></b>
BAA	Schedule <b>0</b> (Form 990) 200

2009	SCHEDULE D, PART XIV - SUPPLEMENTAL IN	FORMATIONPAGE
	BOISE VALLEY HABITAT FOR HUMANITY, INC.	82-04384
SCHEDU	LE D, PART XII, LINE 2D EVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990	
COST OF	HOMES SOLD	TOTAL \$ 1,150,983.
SCHEDU OTHER E	LE D, PART XIII, LINE 2D XPENSES AND LOSSES PER AUDITED F/S	
COSTS O	F HOMES SOLD	TOTAL \$ 1,150,983. \$ 1,150,983.

.2009

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

<b>BOISE VALLE</b>	Y HABITAT FOR	HUMANITY.	. INC.
--------------------	---------------	-----------	--------

82-0438429

PART II, LI	NE 10 -	OTHER	INCOME
-------------	---------	-------	--------

NATURE AND SOURCE	20	09	2008	2007	2006	2005
SPECIAL EVENTS	TOTAL \$	6,754. 6,754. \$	221. 221. \$	12,773. 12,773.	237. 237.	\$ 0.