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Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning JULY 01, 2010, and ending JUNE 30, 2011

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

**C** Name of organization Habitat for Humanity of the Magic Valley  
 Doing Business As Habitat for Humanity of Magic Valley  
 Number and street (or P.O. box if mail is not delivered to street address) Post Office Box 3034 Room/Suite  
 City or town, state or country, and ZIP + 4 Twin Falls ID 83301

**D** Employer identification number 82-0442486

**E** Telephone number (208) 735-1233

**G** Gross receipts \$ 1,088,268

**F** Name and address of principal officer: See attachment #1

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** Are all affiliates included? ☐ Yes ☒ No  
 If "No," attach a list. (see instructions)

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

**J** Website: www.habitatmagicvalley.org

**H(c)** Group exemption number 8545

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐

**L** Year of formation 1991 **M** State of legal domicile ID

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
Build affordable housing and help economically disadvantaged families become successful homeowners.

**2** Check this box ☐ 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>11</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>6</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>368</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-B, line 8	<b>7b</b>	<b>0</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	547,321	363,219
<b>9</b> Program service revenue (Part VIII, line 2g)	728,464	493,203
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,265	20,289
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	122,835	153,677
<b>12</b> Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,429,885	1,030,388
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	51,549	21,569
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	62,514	85,416
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	4,582	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,177,189	841,869
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,291,252	948,854
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	138,633	81,534

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	951,054	801,856
<b>21</b> Total liabilities (Part X, line 26)	251,604	20,872
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	699,450	780,984

## Part II Signature Block

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

**Sign Here** Signature of officer Linda Fleming Date 2-10-12  
 Executive Director  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name Tony L Adkins Preparer's signature Tony L Adkins Date 2-8-12 Check ☐ if self-employed PTIN  
 Firm's name ADKINS & ASSOCIATES CHTD Firm's EIN  
 Firm's address 2016 N WASHINGTON STREET STE 3 Phone no  
TWIN FALLS ID 83301 (208) 737-9701

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

Build affordable housing and help economically disadvantaged families become successful homeowners.

**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 ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code \_\_\_\_\_) (Expenses \$ 295,710 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
See attachment #2

**4b** (Code \_\_\_\_\_) (Expenses \$ 262,271 including grants of \$ 242,862) (Revenue \$ \_\_\_\_\_)

**4c** (Code \_\_\_\_\_) (Expenses \$ 390,873 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

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

**4e** Total program service expenses ► \$ 948,854

**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.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501 (h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	N/A	
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	N/A	

**Part IV** Checklist of Required Schedules (continued)

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

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

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

Yes No

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c		X		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a			X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b				N/A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a			X	
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a			X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b			X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c				N/A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a			X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b				N/A
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a			X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b				N/A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? . . . . .	7c			X	
d	If "Yes," indicate the number of Forms 8882 filed during the year . . . . .	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e			X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f			X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g				N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h				N/A
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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				N/A
9	<b>Sponsoring organizations maintaining donor advised funds.</b>					
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a				N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b				N/A
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> Enter:					
a	Gross income from members or shareholders . . . . .	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b				
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a				N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b				
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a				N/A
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b				
c	Enter the amount of reserves on hand . . . . .	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a			X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b				N/A

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

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

**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 . . . . .	<b>1a</b> 11	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . .	<b>1b</b> 11	
<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? . . . . .	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	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? . . . . .	<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b> 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 in Schedule O . . . . .	<b>9</b>	X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . . N/A	<b>10b</b>	
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . .	<b>11a</b> X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b> X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b> X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b> X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b> X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b> 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 . . . . .	<b>15a</b> X	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b> 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? . . . . .	<b>16a</b>	X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . N/A	<b>16b</b>	

**Section C. Disclosure**

**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)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► See attachment #3

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	TRUSTEE	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
Linda Fleming Executive Director	55.00	X					X		46,500	0	0
Bob Forster president	3.00	X			X				0	0	0
Donna Suhr vice president	2.00	X			X				0	0	0
Kathy Stewart-Williams secretary	2.00	X			X				0	0	0
Jerry Marcantonio Treasurer	2.00	X			X				0	0	0
Dorothy Dallman Fundraising Committee	2.00	X							0	0	0
Suzanne Root director	2.00	X							0	0	0
Joe Young ReStore Committee	13.00	X							0	0	0
Bobbi Pyle Media Relations	2.00	X							0	0	0
Rosemary Barta Fornshell											
Family Selection	4.00	X							0	0	0
Wanda Foster	2.00	X							0	0	0
Carol Robertson ADVISORY-Grant & NSP	24.00	X						X	0	0	0
Gordon/Trudy Saffrey ADVISORY - State Support	2.00	X						X	0	0	0





Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
OTHER CONTRIBUTIONS AND SIMILAR AMOUNTS	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	262,173				
	f All other contributions, gifts, grants, & similar amounts not included above	1f	101,046				
	g Noncash contributions included in lines 1a-1f		\$ 37,920				
	h Total. Add lines 1a-1f		363,219				
PROGRAM SERVICE REVENUE	2a Sale of Houses	Business Code	236000	461,888	461,888		
	b Mortgage Discount Amort		900099	31,315	31,315		
	c Misc. Program Receipts		900099				
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		493,203				
	OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts)			49	49	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross Rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses							
c Gain or (loss)		i		20,240	20,240		
d Net gain or (loss)				20,240	20,240		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a	29,007				
b Less direct expenses		b	13,704				
c Net income or (loss) from fundraising events				15,303			
9a Gross income from gaming activities See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		a	138,374				
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory			138,374		138,374		
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			1,030,388	528,795		138,374	

**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	21,569	21,569		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
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				
5 Compensation of current officers, directors, trustees, and key employees	50,500	29,722	17,893	2,885
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	25,843	20,343	5,500	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	9,073	5,625	2,994	454
11 Fees for services (non-employees)				
a Management				
b Legal	36	36		
c Accounting	15,833	6,527	9,306	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	1,317	233	36	1,048
13 Office expenses	8,794	4,299	4,300	195
14 Information technology				
15 Royalties				
16 Occupancy	4,816	4,816		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	502		502	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,490	2,953	1,537	
23 Insurance	4,477	4,129	348	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a Home Construction Costs	406,195	406,195		
b Discounted Mortgage Interest	316,792	316,792		
c Restore Expenses	45,659	45,659		
d Donated Construction Material	30,987	30,987		
e Family Selection & Support	1,971	962	1,009	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	948,854	900,847	43,425	4,582
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X** Balance Sheet

		(A) Beginning of year		(B) End of year
<b>A S S E T S</b>	1 Cash -- non-interest bearing .....	169,328	1	74,418
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	275	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7 Notes and loans receivable, net .....	510,671	7	602,339
	8 Inventories for sale or use .....	244,640	8	95,599
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. ....	10a 40,381		
	b Less: accumulated depreciation. ....	10b 10,881		
		26,140	10c	29,500
	11 Investments -- publicly traded securities .....		11	
	12 Investments -- other securities. See Part IV, line 11 .....		12	
	13 Investments -- program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	951,054	16	801,856	
<b>L I A B I L I T I E S</b>	17 Accounts payable and accrued expenses .....	1,831	17	10,952
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....	4,575	21	6,956
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	242,862	23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	2,336	25	2,964
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	251,604	26	20,872
<b>F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	511,836	27	478,119
	28 Temporarily restricted net assets .....	187,614	28	302,865
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	699,450	33	780,984
	34 <b>Total liabilities and net assets/fund balances</b> .....	951,054	34	801,856

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,030,388
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	948,854
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	81,534
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	699,450
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	780,984

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
<b>2b</b> Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b> If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. N/A		

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.**

OMB No 1545-0047

2010

**Open to Public Inspection**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization

Habitat for Humanity of the Magic Valley, Inc.

Employer identification number

82-0442486

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) See instructions
---------------	---

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
  - 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
  - 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
  - 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
  - 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
  - 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
  - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )
  - 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III )
  - 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
  - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a ☐ Type I
    - b ☐ Type II
    - c ☐ Type III--Functionally integrated
    - d ☐ Type III--Other
  - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. . . . .
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
    - (ii) A family member of a person described in (i) above? . . . . .
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .
  - h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	206,967	326,756	221,844	547,321	363,219	1,666,107
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	206,967	326,756	221,844	547,321	363,219	1,666,107
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						1,666,107

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	206,967	326,756	221,844	547,321	363,219	1,666,107
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,275	109	31,265	20,289	52,938
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						1,719,045

12 Gross receipts from related activities, etc. (see instructions)

12

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	96.92 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%

16a **33 1/3 % support test -- 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒b **33 1/3 % support test -- 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐17a **10%-facts-and-circumstances test -- 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐b **10%-facts-and-circumstances test -- 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**

Habitat for Humanity of the Magic Valley, Inc.

**Employer identification number**

82-0442486

**Part I**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<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" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III**

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ .....
(ii) Assets included in Form 990, Part X .....	▶ \$ .....

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

a Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ .....
b Assets included in Form 990, Part X .....	▶ \$ .....



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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

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

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

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

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

	Amount
c Beginning balance	1c 4,575
d Additions during the year	1d 22,774
e Distributions during the year	1e 20,393
f Ending balance	1f 6,956

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☐ %  
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		40,381	10,881	29,500
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				29,500

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Accrued Wages & Payroll Taxes	2,964
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
	2,964

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,030,388
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	948,854
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	81,534
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	81,534

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

1	Total revenue, gains, and other support per audited financial statements	1	1,050,592
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	6,500
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	13,704
e	Add lines 2a through 2d	2e	20,204
3	Subtract line 2e from line 1	3	1,030,388
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,030,388

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

1	Total expenses and losses per audited financial statements	1	969,058
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	6,500
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	13,704
e	Add lines 2a through 2d	2e	20,204
3	Subtract line 2e from line 1	3	948,854
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	948,854

**Part XIV Supplemental Information**

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

**ESCROW & CUSTODIAL ARRANGEMENTS::** (Schedule D Part IV line 2 (b))

The organization sell homes with no interest terms to qualified families. The Organization then works with a local escrow company to manage loan payments and property tax and insurance.

The Organization's Accounting Firm receives the escrow portion of the payment from the local escrow company and pays the tax and insurance as due. Annual statements of the accounts are provided to the home owner. The accounting firm serves as Trustee and is bonded.

**AUDITED STMT RECONCILIATION:** (Schedule D part XII 2 (d)) Audited Statements do not show special event activity NET of the expenses like it's reported on the tax return so we must adjust the expense between the two.

Department of the Treasury  
Internal Revenue Service

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

2010

**Open to Public Inspection**

Habitat for Humanity of the Magic Valley, Inc.

82-0442486

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**Form 990-EZ filers are not required to complete this part.**

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

- a** ☐ Mail solicitations  
**b** ☐ Internet and email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations

- e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? .

☐ Yes ☒ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

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

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Rim2Rim Run (event type)	Helping Hand (event type)	3 (total number)	(add col (a) through col (c))
1	Gross receipts .....	24,779	3,270	958	29,007
2	Less: Charitable contributions .....				
3	Gross income (line 1 minus line 2) .....	24,779	3,270	958	29,007
DIRECT EXPENSES	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....	3,617		3,617
	8	Entertainment .....			
	9	Other direct expenses .....	7,362	1,209	1,516
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				( 13,704 )
11	Net income summary. Combine line 3, column (d), and line 10 .....				15,303

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

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col (c))
1	Gross revenue .....				
DIRECT EXPENSES	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
6	Volunteer labor .....	Yes _____ % No	Yes _____ % No	Yes _____ % No	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
8	Net gaming income summary. Combine line 1, column d, and line 7 .....				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Habitat for Humanity of the Magic Valley, Inc.

Employer identification number

82-0442486

**Part I General Information on Grants and Assistance**

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Habitat International 121 Habitat Street Americus, GA 31709 Thrivent Financial for Lutherans Spokane Street Spokane, WA 99228	91-1914868	501(c) (3)	16,900				Tithe for Construction Home Building
	23-7624184		4,669				

2 Enter total number of section 501(c)(3) and government organizations

2

3 Enter total number of other organizations

▶

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

Schedule I (Form 990) (2010)

JVA 10 99011

TWF 42380

Copyright Forms (Software Only) - 2010 TW

Schedule I (Form 990) 2010

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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



**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

► Attach to Form 990.

OMB No 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization

Habitat for Humanity of the Magic Valley, Inc.

Employer identification number

82-0442486

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art -- Works of art .....				
2 Art -- Historical treasures .....				
3 Art -- Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
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 .....	X	2	242,862	Appraisals
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 Archaeological artifacts .....				
25 Other ► ( .....				
26 Other ► ( .....				
27 Other ► ( .....				
28 Other ► ( See attachment #4				

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 1-28 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? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard  
contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2010)

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Schedule - M Line 25 other types of property:

The Organization receives a wide variety of donated building materials and home furnishings. The items that cannot be utilized in the construction of its houses are sold to the public through its ReStore thrift store operation, with all proceeds supporting the Organization's non profit mission.

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

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

Habitat for Humanity of the Magic Valley, Inc.

Employer identification number

82-0442486

REVIEW OF FORM 990 PRIOR TO FILING: (Form 990 Part VI Section-B 11(a))  
The tax return is reviewed by the board of directors at a board meeting  
and comments are noted and changes made if necessary prior to filing.

REVIEW OF PAYROLL AND COMPENSATION: (Form 990 Part VI Section-B 15)  
The organization has various payroll control procedures.

1) The organization has separation of duties between compiling  
payroll information, preparing the actual payroll, and the signing  
of payroll checks. 2) The organization has the board of directors  
authorize pay rates and pay increases and such authorization  
is documented in the minutes at board meetings. 3) The board  
of directors also evaluate payroll for reasonableness in terms  
of work performed, budgetary restrictions, and similar  
organizational considerations.

INFORMATION AVAILABLE TO THE PUBLIC: (Form 990 Part VI Section-C 19)  
The Organization's governing documents, policy, financial statements,  
and tax return (other than sch-B) are available to the public upon  
request at the Organization's office. The tax form is also available  
on the internet at GuideStar.org

POLICY MONITORING AND ENFORCEMENT: (Form 990 Part VI Section-B 12(c))  
Annual review of policy and procedure by all; Trustees, Officers,  
Directors, and Employees. Interim review as needed with new hire  
employees, directors, officers, volunteers, and any others deemed  
necessary by the executive director and/or board of directors.

# 990 PRINCIPAL OFFICER NAME AND ADDRESS

Attachment 1: Form 990 Page 1, Line F

Open to Public Inspection	For calendar year 2010, or tax period beginning	07-01-2010, and ending	06-30-2011.
Name of Organization Habitat for Humanity of the Magic Valley, Inc.			Employer Identification Number 82-0442486

990, Page 1, Line F

Principal officer name ..... Linda Fleming  
or  
Business Name

Street Address ..... 1098 Pinewood Circle

U S. Address:

Zip code 83301 City Twin Falls State ID

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

# 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning	07-01-2010, and ending	06-30-2011.
---------------------------	---	------------------------	-------------

Name of Organization	Employer Identification Number
Habitat for Humanity of the Magic Valley, Inc.	82-0442486

## Part III - Statement of Program Service Accomplishments

Code:	Expenses	295,710	including Grants of:	Revenue.
-------	----------	---------	----------------------	----------

### Exempt Purpose Achievements

Habitat for Humanity of the Magic Valley started construction on 6 new affordable homes and completed and sold 2 of those homes to qualified low income families through no-interest loans held by the Organization.

# 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning 07-01-2010, and ending 06-30-2011.
Name of Organization Habitat for Humanity of the Magic Valley, Inc.	Employer Identification Number 82-0442486

## Part III - Statement of Program Service Accomplishments

Code	Expenses.	262,271	including Grants of.	242,862	Revenue
------	-----------	---------	----------------------	---------	---------

### Exempt Purpose Achievements

Habitat for Humanity of the magic valley received, then renovated houses under the Neighborhood Stabilization Program that utilized a federal grant from U.S. Department of Housing. The renovated houses were then sold to qualified low income families through no-interest loans held by the Organization. For the 12-months ended 6/30/11, Habitat had renovated two homes and later sold those two homes to qualified families in the Magic Valley.

## 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning	07-01-2010, and ending	06-30-2011
Name of Organization Habitat for Humanity of the Magic Valley, Inc.			Employer Identification Number 82-0442486

### Part III - Statement of Program Service Accomplishments

Code:	Expenses:	390,873	including Grants of:	Revenue.
Exempt Purpose Achievements				

All other direct program services: 1) Construction Work, renovation operation expense 2) Habitat International tithe for construction projects, and family and construction support services. 3) ReStore thrift store projects.

990 BOOKS ARE IN CARE OF

Attachment 3: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2010 or tax period beginning	07-01	, and ending	06-30-2011
Name of Organization				Employer Identification Number
Habitat for Humanity of the Magic Valley, Inc.				82-0442486
Part VI - Line 20				

Individual Name .....  
or  
Business Name  
Adkins & Associates Chtd. CPA Office

Street Address ..... 2016 N. Washington Street Ste #3

U.S. Address:

Zip code 83301 City Twin Falls State ID

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (208) 737-9701

Fax Number ..... (208) 737-9703



**990 SCHEDULE M – PART I – OTHER TYPES OF PROPERTY**

## Attachment 4: Sch M, Part I - Types of Property

Open to Public Inspection	For calendar year 2010 or tax period beginning	07-01	, and ending	06-30-2011
Name of Organization Habitat for Humanity of the Magic Valley, Inc.				Employer Identification Number 82-0442486
Part I	Other Types of Property			

Description	(a) Check If Applicable	(b) Number of Contributions	(c) Revenues Reported on Form 990 Part VIII, Line 1g	(d) Method of Determining Revenues
Building Materials	X	324	176,293	Trade Estimates

**ADS CLASS LIFE ASSETS PLACED IN SERVICE DURING 2010  
USING ALTERNATE DEPRECIATION SYSTEM**

Habitat for Humanity of the Magic Valley, In  
82-0442486

20a. Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
Car Canapy - HFH	06-22-2011	207	7	HY		15
Carts - RS	08-31-2010	250	7	HY		18
Carts - RS	09-02-2010	200	7	HY		14
Carts - RS	11-25-2010	200	7	HY		14
Carts - RS	01-05-2011	200	7	HY		14
Carts - RS	04-14-2011	60	7	HY		4
Coffee Maker - RS	05-04-2011	106	7	HY		8
Ladder - RS	09-15-2010	372	7	HY		27
Misc Tools - HFH	08-12-2010	131	7	HY		9
Table - HFH	06-02-2011	50	7	HY		4
Table - HFH	05-31-2011	297	7	HY		21
Table Saw - RS	09-15-2010	529	7	HY		38
Tools - RS	09-15-2010	341	7	HY		24
<b>Total</b>						<b>210</b>

# 2010 Federal Depreciation Schedule

Habitat for Humanity of the Magic Valley, Inc  
82-0442486

02-01-2012

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
<b>Form 990</b>										
96 Deliv Truck - RS	10-02-06	S/L	10	4,500	0	0	0	4,500	1,800	450
Pallet Shelving - RS	11-15-06	S/L	10	1,000	0	0	0	1,000	400	100
Nail Gun - RS	01-29-07	S/L	10	269	0	0	0	269	108	27
Sc Gun&Sawsall - HFH	04-25-07	S/L	10	378	0	0	0	378	154	38
Pallet Jack - RS	05-05-07	S/L	10	300	0	0	0	300	120	30
Misc Tools - HFH	06-01-07	S/L	10	155	0	0	0	155	61	16
Equipment - RS	06-30-07	S/L	10	106	0	0	0	106	43	11
Refrigerator - RS	08-31-07	S/L	5	75	0	0	0	75	43	15
HP Computer - RS	09-17-07	S/L	5	664	0	0	0	664	366	133
Printer - HFH	11-08-07	S/L	5	139	0	0	0	139	75	28
Siding Tools - HFH	11-30-07	S/L	5	233	0	0	0	233	121	47
Ladder - HFH	11-30-07	S/L	5	171	0	0	0	171	88	34
Camera - HFH	11-30-07	S/L	5	140	0	0	0	140	72	28
Hyster - RS	11-30-07	S/L	10	3,710	0	0	0	3,710	958	371
Software - RS	12-13-07	S/L	5	142	0	0	0	142	73	28
Store Shelving - RS	01-31-08	S/L	10	96	0	0	0	96	24	10
Store Signage - RS	02-12-08	S/L	10	1,381	0	0	0	1,381	334	138
Desk - RS	02-23-08	S/L	10	117	0	0	0	117	28	12
Safe - HFH	04-05-08	S/L	15	200	0	0	0	200	29	13
Equipment - LF -RS	05-07-08	S/L	5	689	0	0	0	689	299	138
Move Site Sign - HFH	05-29-08	S/L	10	719	0	0	0	719	150	72
WhlBarrow&Tool - HFH	05-07-09	S/L	10	291	0	0	0	291	34	29
Assorted Tools - HFH	07-17-09	S/L	10	656	0	0	0	656	33	66
Assorted Tools - HFH	07-17-09	S/L	10	2,730	0	0	0	2,730	137	273
Assorted Tools - HFH	08-24-09	S/L	10	52	0	0	0	52	3	5
US Tool Grant - HFH	08-31-09	S/L	10	978	0	0	0	978	49	98
Storage Bins - RS	08-31-09	S/L	5	49	0	0	0	49	5	10
Ladder - HFH	09-14-09	S/L	10	312	0	0	0	312	16	31
Printers (2) - HFH	09-16-09	S/L	10	212	0	0	0	212	11	21
Assorted Tools - HFH	09-17-09	S/L	10	89	0	0	0	89	4	9
Radios - HFH	09-30-09	S/L	10	55	0	0	0	55	3	6
Tool Trailer - HFH	10-06-09	S/L	10	3,250	0	0	0	3,250	163	325
Misc Tools -HFH	10-28-09	S/L	7	109	0	0	0	109	8	16
Ladder - HFH	10-28-09	S/L	10	297	0	0	0	297	15	30
Tool Equipment - HFH	10-31-09	S/L	10	233	0	0	0	233	12	23
Rakes - HFH	10-31-09	S/L	10	85	0	0	0	85	4	9
Scaffolding - HFH	11-13-09	S/L	10	500	0	0	0	500	25	50
Database Soft - HFH	11-16-09	S/L	10	350	0	0	0	350	18	35
Computer - HFH	11-17-09	S/L	10	1,268	0	0	0	1,268	63	127
Extnl Harddrive -RS	11-26-09	S/L	5	411	0	0	0	411	41	82
Cash Register - RS	12-10-09	S/L	5	173	0	0	0	173	17	35
Bins for trailer-HFH	12-31-09	S/L	10	44	0	0	0	44	2	4
Scanner - HFH	12-31-09	S/L	5	100	0	0	0	100	10	20
Desk - HFH	01-08-10	S/L	10	80	0	0	0	80	4	8
Truck GPS - RS	01-08-10	S/L	5	254	0	0	0	254	25	51
Utility Cart - RS	01-31-10	S/L	10	233	0	0	0	233	12	23
Truck Brakes - RS	02-03-10	S/L	5	1,753	0	0	0	1,753	175	351
Tools - RS	02-28-10	S/L	10	169	0	0	0	169	8	17
Truck M & Step -RS	03-04-10	S/L	5	349	0	0	0	349	35	70
Fireproof Safe - HFH	03-19-10	S/L	10	265	0	0	0	265	13	27

\* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

# 2010 Federal Depreciation Schedule

Habitat for Humanity of the Magic Valley, Inc  
82-0442486

02-01-2012

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
<b>Form 990</b>										
Pallet Racks - RS	06-29-10	S/L	10	2,000	0	0	0	2,000	100	200
Misc Tools - HFH	08-12-10	S/L	7	131	0	0	0	131	0	9
Carts - RS	08-31-10	S/L	7	250	0	0	0	250	0	18
Carts - RS	09-02-10	S/L	7	200	0	0	0	200	0	14
Tools - RS	09-15-10	S/L	7	341	0	0	0	341	0	24
Table Saw - RS	09-15-10	S/L	7	529	0	0	0	529	0	38
Ladder - RS	09-15-10	S/L	7	372	0	0	0	372	0	27
1998 Chevy Pickup VIN052432	10-08-10	S/L	5	4,900	0	0	0	4,900	0	490
Misc Tools - HFH	11-23-10	S/L	7	7	0	0	0	7	0	0
Carts - RS	11-25-10	S/L	7	200	0	0	0	200	0	14
Carts - RS	01-05-11	S/L	7	200	0	0	0	200	0	14
Carts - RS	04-14-11	S/L	7	60	0	0	0	60	0	4
Coffee Maker - RS	05-04-11	S/L	7	106	0	0	0	106	0	8
Table - HFH	05-31-11	S/L	7	297	0	0	0	297	0	21
Table - HFH	06-02-11	S/L	7	50	0	0	0	50	0	4
Car Canapy - HFH	06-22-11	S/L	7	207	0	0	0	207	0	15
66 Assets			Totals	40,381	0	0	0	40,381	6,391	4,490

\* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

## 2010 Federal Depreciation Schedule

Habitat for Humanity of the Magic Valley, Inc  
82-0442486

02-01-2012

Description	Date	Method Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
66 Assets		Grand Totals	40,381	0	0	0	40,381	6,391	4,490

\* Asset disposed this year  
~C Carryover basis in like-kind exchange transaction  
~B Excess basis in like-kind exchange transaction

## 2010 AUTO EXPENSE WORKSHEET

Habitat for Humanity of the Magic Valley, Inc.  
82-0442486

Keep for Your Records

### VEHICLE INFORMATION

1. Vehicle description .....	1	1998 Chevy Pickup VIN05	
2. Carried to form or schedule .....	2.	Form 990	
3. Date vehicle was placed in service .....	3.	10-08-2010	
4. Odometer beginning mileage _____ ending mileage _____			

### CALCULATION OF BUSINESS USE PERCENTAGES

5. Total business mileage driven during the year .....	5.	-1	
6. Total commuting mileage driven during the year .....	6		
7. Total other personal mileage driven during the year .....	7		
8. Total mileage driven during the year .....	8.	-1	
9. Business use percentage (Line 5 divided by Line 8) .....	*9.	100.00 %	

### CALCULATION OF THE ACTUAL EXPENSE METHOD

	Input		Deduction Allowed
10. Parking fees and tolls .....		10	
11. Gasoline and oil .....	x Line 9	11.	
12. Repairs .....	x Line 9	12.	
13. Licensing fees .....	x Line 9	13.	
14. Registration fees .....	x Line 9	14.	
15. Insurance .....	x Line 9	15	
16. Other expenses .....	x Line 9	16.	
17. Total automobile expenses (Line 10 through 16) (carries to auto expense line of form on Line 2) .....		17.	
18. Property tax (carries to taxes line of form on Line 2) .....	x Line 9	18	
19. Interest expense (carries to interest expense line of form on Line 2) .....	x Line 9	19.	
20. Lease payments .....	x Line 9	20.	
21. Inclusion amount .....	x Line 9	21	
22. Total lease expense (Line 20 less Line 21) (carries to lease expense line of form on Line 2) .....		22	
23. Section 179 expense deduction .....		*23.	
24. Special depreciation allowance .....		**24.	
25. Current depreciation expense .....		**25	490
26. Total depreciation expense (Lines 23 through 25) (carries to depreciation expense line of form on Line 2) .....		26.	490
27. Value of employer-provided vehicle .....	x Line 9	27.	
28. Total expenses using Actual Expense Method (total of Lines 17, 18, 19, 22, 26, and 27) .....		28	490

\* Not subject to business use percentage.

\*\* Already adjusted for business use percentage.

**2010 DETAIL STATEMENTS**Habitat for Humanity of the Ma  
82-0442486

Page 1

## STATEMENT #1 - Other sales of assets (990-EO PG 9 Line 7a(i))

Sale of Motgages Receivable..... 64,416

TOTAL CARRIED TO 990-EO PG 9 Line 7a(i)..... 64,416

## STATEMENT #2 - Notes and loans rec net end yr (990-EO PG 11 Line 7b)

	Beginning	Ending
Gross Mortgages Receivable.....	1,214,056	1,400,001
Less: Unamortized Mortgage Discounts.	-703,385	-797,662

TOTAL CARRIED TO 990-EO PG 11 Line 7b..... 510,671 602,339

## STATEMENT #3 - Secured mortgages end year (990-EO PG 11 Line 23b)

	Beginning	Ending
Notes Payable - Deeds of Trust.....	242,862	0

TOTAL CARRIED TO 990-EO PG 11 Line 23b..... 242,862 0

**Exempt Organization Return  
2010**

Habitat for Humanity of the Magic Valley, Inc.

**ADKINS & ASSOCIATES CHTD**

**Tony L Adkins, CPA**  
2016 N WASHINGTON STREET STE 3  
TWIN FALLS ID 83301  
(208)737-9701  
tadkins@qwestoffice.net



**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions.

▶ Attach to your tax return.

**2010**Attachment  
Sequence No **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Habitat for Humanity of the Ma FOR FORM 990

82-0442486

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (busn use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	3,790
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B -- Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C -- Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life	See Statement				S/L	210
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	490
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	4,490
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A -- Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

<b>24a</b> Do you have evidence to support business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depr. (busn./investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
1998 Chevy	10-08-2010	100.0%	4,900	4,900	05	S/L	490	
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use.								
		%				S/L-		
		%				S/L-		
		%				S/L-		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	490
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .							<b>29</b>	

**Section B -- Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .		X										
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .		X										
<b>36</b> Is another vehicle available for personal use? . . . . .		X										

**Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2010 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2010 tax year . . . . .					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

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

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

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

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

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

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

<b>Type or print</b>	Name of exempt organization <b>Habitat for Humanity of the Magic Valley, Inc.</b>	<b>Employer identification number</b> <b>82-0442486</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>Post Office Box 3034</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Twin Falls ID 83301</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► See attachment #1

Telephone No. ► \_\_\_\_\_ FAX No. ► \_\_\_\_\_

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 14, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20\_\_ or
- ☒ tax year beginning JULY 01, 2010, and ending JUNE 30, 2011.

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 Form 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 Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c</b> <b>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 fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev 1-2011)