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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)

2011

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 2011 calendar year, or tax year beginning JULY 01, 2011, and ending JUNE 30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Habitat for Humanity of the Magic Valley</u>		D Employer identification number <u>82-0442486</u>
	Doing Business As <u>Habitat for Humanity of Magic Valle</u>		E Telephone number <u>(208) 735-1233</u>
	Number and street (or P.O. box if mail is not delivered to street address) <u>Post Office Box 3034</u>		G Gross receipts \$ <u>1,127,309</u>
	Room/Suite <u></u>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 <u>Twin Falls ID 83301</u>		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer <u>See attachment #1</u>			H(c) Group exemption number <u>8545</u>
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: <u>www.habitatmagicvalley.org</u>			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <u></u>			L Year of formation <u>1991</u>
M State of legal domicile <u>ID</u>			

Part I Summary

ACTIVITIES & GOVERNANCE	1 Briefly describe the organization's mission or most significant activities <u>Build affordable housing and help economically disadvantaged families become successful homeowners.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5
	6	Total number of volunteers (estimate if necessary)	332
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
7b	Net unrelated business taxable income from Form 990-T, line 34	0	
REVENUE	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 363,219; Current Year: 397,208
	9	Program service revenue (Part VIII, line 2g)	493,203; 421,512
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7e)	20,289; 31,227
	11	Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9d, 10e, and 11e)	153,677; 213,253
	12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,030,388; 1,063,200
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,569; 13,249
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	85,416; 93,737
	16a	Professional fundraising fees (Part IX, column (A), line 11d)	
	16b	Total fundraising expenses (Part IX, column (D), line 25)	6,530
EXPENSES	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	841,869; 547,600
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	948,854; 654,586
	19	Revenue less expenses Subtract line 18 from line 12	81,534; 408,614
	20	Total assets (Part X, line 16)	Beginning of Current Year: 801,856; End of Year: 1,420,924
BALANCE SHEET	21	Total liabilities (Part X, line 26)	20,872; 231,325
	22	Net assets or fund balances Subtract line 21 from line 20	780,984; 1,189,599

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 <u>Linda Fleming</u> Executive Director		Date <u>2-12-13</u>
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name <u>Tony L. Adkins</u>	Preparer's signature <u>Tony L. Adkins</u>	Date <u>2-7-13</u>
	Firm's name <u>ADKINS & ASSOCIATES CHTD</u>	Firm's EIN <u></u>	Check <input type="checkbox"/> if self-employed
	Firm's address <u>2016 N WASHINGTON STREET STE 3</u>	Phone no <u>(208) 737-9701</u>	
	<u>TWIN FALLS ID 83301</u>		

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 (2011)

3 gis

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

4a (Code _____) (Expenses \$ 241,473 including grants of \$ _____) (Revenue \$ _____)
See attachment #2

4b (Code _____) (Expenses \$ 162,351 including grants of \$ 155,730) (Revenue \$ _____)

4c (Code _____) (Expenses \$ 192,466 including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses **▶** 596,290

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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 temporarily restricted endowments, permanent endowments, 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, investment, & program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? 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 hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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 any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 N/A	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		N/A
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		X
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		X
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		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
1a Enter the number of voting members of the governing body at the end of the tax year	1a 10		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent .	1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	TRUSTEE	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
Linda Fleming Executive Director	64.00	X					X		46,865	0	0
Rosemary Barta Fornshell president	3.00	X			X				0	0	0
Donna Suhr vice president	2.00	X			X				0	0	0
Dana Stewart 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
Kathy Stewart-Williams Board Member	2.00	X							0	0	0
Joe Young ReStore Committee	13.00	X							0	0	0
Janine Chapman Family Selection	2.00	X							0	0	0
Bob Forster ReStore Committee	4.00	X							0	0	0
Carol Robertson ADVISORY-Grant & NSP	24.00							X	0	0	0
Gordon/Trudy Saffrey ADVISORY - State Support	2.00							X	0	0	0
LeRoy Hayes ReStore Committee	2.00	X							0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
1b Sub-total									46865	0	0
c Total from continuation sheets to Part VII, Section A										0	0
d Total (add lines 1b and 1c)									46865	0	0

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

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

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
G O T H E R C O N T R I B U T I O N S	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	198,036			
	f All other contributions, gifts, grants, & similar amounts not included above	1f	199,172			
	g Noncash contributions included in lines 1a-1f		\$ 59,682			
	h Total. Add lines 1a-1f		397,208			
P R O G R A M R E V E N U E	Business Code					
	2a Sale of Houses	236000	314,005	314,005		
	b Mortgage Discount Amor	900099	107,507	107,507		
	c Misc Program Receipts	900099				
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		421,512			
O T H E R R E V E N U E	3 Investment income (including dividends, interest, and other similar amounts)		63	63		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		78,380			
	b Less cost or other basis and sales expenses		47,216			
	c Gain or (loss)		31,164			
	d Net gain or (loss)		31,164	31,164		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
	See Part IV, line 18	a	32,235			
	b Less direct expenses	b	16,893			
	c Net income or (loss) from fundraising events		15,342			
	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	197,911				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory		197,911			197,911	
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,063,200	452,739		197,911

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	13,249	13,249		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	46,865	12,373	31,632	2,860
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	36,163	36,163		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	10,709	6,318	4,070	321
11 Fees for services (non-employees)				
a Management				
b Legal	185		185	
c Accounting	15,893	9,049	6,844	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	3,290	69		3,221
13 Office expenses	8,163	4,017	4,018	128
14 Information technology				
15 Royalties				
16 Occupancy	869	869		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	997		997	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,289	3,645	1,644	
23 Insurance	8,109	7,398	711	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Home Construction Costs	252,349	252,349		
b Discounted Mortgage Interest	161,461	161,461		
c Restore Expenses	53,186	53,186		
d Donated Construction Materials	35,018	35,018		
e All other expenses	2,791	1,126	1,665	
25 Total functional expenses. Add lines 1 through 24e	654,586	596,290	51,766	6,530
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest-bearing	74,418	1	133,717
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	602,339	7	638,350
	8 Inventories for sale or use	95,599	8	623,427
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 41,600		
	b Less accumulated depreciation	10b 16,170	29,500	10c 25,430
	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 Total assets. Add lines 1 through 15 (must equal line 34)	801,856	16	1,420,924	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	10,952	17	8,441
	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	6,956	21	9,977
	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		23	210,654
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,964	25	2,253
	26 Total liabilities. Add lines 17 through 25	20,872	26	231,325
F U N D A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	478,119	27	632,911
	28 Temporarily restricted net assets	302,865	28	556,688
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	780,984	33	1,189,599
	34 Total liabilities and net assets/fund balances.	801,856	34	1,420,924

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,063,200
2	Total expenses (must equal Part IX, column (A), line 25)	2	654,586
3	Revenue less expenses Subtract line 2 from line 1	3	408,614
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	780,984
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,189,599

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
2b Were the organization's financial statements audited by an independent accountant?	X	
2c 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
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	326,756	221,844	547,321	363,219	397,208	1,856,348
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	326,756	221,844	547,321	363,219	397,208	1,856,348
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,856,348

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	326,756	221,844	547,321	363,219	397,208	1,856,348
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	31,227	84,165
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 Total support. Add lines 7 through 10						1,940,513
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 2011 (line 6, column (f) divided by line 11, column (f))	14	95.66 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	96.92 %
16a 33 1/3 % support test -- 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test -- 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test -- 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test -- 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Habitat for Humanity 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? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

(I) Revenues included in Form 990, Part VIII, line 1	▶ \$
(II) Assets included in Form 990, Part X	▶ \$

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

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

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

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

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

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

	Amount
1c Beginning balance	6,956
1d Additions during the year	19,048
1e Distributions during the year	16,027
1f Ending balance	9,977

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

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(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 property	(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		41,600	16,170	25,430
e Other				
Total. Add lines 1a through 1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				25,430

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Wages and Taxes	2,253
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,253

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	1,063,200
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	654,586
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	408,614
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	408,614

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	1,090,968
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	10,875
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	16,893
e	Add lines 2a through 2d	2e	27,768
3	Subtract line 2e from line 1	3	1,063,200
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	1,063,200

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

1	Total expenses and losses per audited financial statements	1	682,353
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	10,874
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	16,893
e	Add lines 2a through 2d	2e	27,767
3	Subtract line 2e from line 1	3	654,586
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	654,586

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 sells 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 homeowner. The Accounting Firm serves as Trustee.

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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Habitat for Humanity of the Magic Valley Inc

Employer identification number

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) fund- raiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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 Rim2Rim (event type)	(b) Event #2 Tux&Tools (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
1	Gross receipts	24,126	6,400	1,709	32,235
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	24,126	6,400	1,709	32,235
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	3,424		3,424
	8	Entertainment			
	9	Other direct expenses	9,918	61	13,469
	10	Direct expense summary Add lines 4 through 9 in column (d)			(16,893)
	11	Net income summary Combine line 3, column (d), and line 10			15,342

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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

Habitat for Humanity 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

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)	13,249				Tithe for construction Home Building
	23-7624184						

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

2

3 Enter total number of other organizations listed in the line 1 instructions

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

Schedule I (Form 990) (2011)

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

2011

**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	155,730	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 #5)				

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?

Yes No

30a		X
-----	--	---

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

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

31	X	
----	---	--

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

32a		X
-----	--	---

b If "Yes," describe in Part II

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

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

Schedule M (Form 990) (2011)

Part II

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

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

2011

**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 2011, or tax period beginning	07-01-2011, and ending	06-30-2012
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
or

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 2011, or tax period beginning 07-01-2011, and ending 06-30-2012
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	241,473	including Grants of	Revenue:
-------	----------	---------	---------------------	----------

Exempt Purpose Achievements

During the 12 months ended 6/30/12 Habitat for Humanity of the Magic Valley started construction on 5 new affordable homes and completed and sold 4 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 2011, or tax period beginning	07-01-2011, and ending	06-30-2012
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	162,351	including Grants of.	155,730	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 6/30/12, Habitat had renovated 4 homes and later sold 2 of those 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 2011, or tax period beginning 07-01-2011, and ending 06-30-2012
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:	192,466	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 and expense. 4) Mortgage interest discounts.

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 2011 or tax period beginning 07-01, and ending 06-30-2012
Name of Organization Habitat for Humanity of the Magic Valley Inc	Employer Identification Number 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

Foreign Address

City _____

Province or State _____

Country _____

Postal code _____

Phone Number _____ (208) 737-9701

Fax Number _____ (208) 737-9703

990 PAGE 10, OTHER EXPENSES

Attachment 4: Form 990 Page 10, Line 24 - Other Expenses

Open to Public Inspection	For calendar year 2011 or tax period beginning 07-01-2011, and ending 06-30-2012
Name of Organization Habitat for Humanity of the Magic Valley Inc	Employer Identification Number 82-0442486

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Family Selection & Support	2,791	1,126	1,665	
Total:	2,791	1,126	1,665	

990 SCHEDULE M – PART I – OTHER TYPES OF PROPERTY

Attachment 5: Sch M, Part I - Types of Property

Open to Public Inspection	For calendar year 2011 or tax period beginning 07-01, and ending 06-30-2012.
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	1,101	257,593	Trade Estimates

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Habitat for Humanity of the MaFOR 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 2010 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 2012. 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 2011	17	5,194
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 2011 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	
			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Assets Placed In Service During 2011 Tax Year Using the Alternative Depreciation System

20a	Class life	See Statement			S/L	95
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	
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	5,289
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 (2011)

**ADS CLASS LIFE ASSETS PLACED IN SERVICE DURING 2011
USING ALTERNATE DEPRECIATION SYSTEM**

Habitat for Humanity of the Magic Valley Inc
82-0442486

20a	(b)	(c)	(d)	(e)	(f)	(g)
Asset Description	Date in Service	Basis	Period	Convention	Method	Depreciation
Hard Drives - HFH	11-14-2011	275	5	HY	S/L	28
Misc Tools - HFH	03-21-2012	51	7	HY	S/L	4
Misc Tools - HFH	04-30-2012	263	7	HY	S/L	19
Misc Tools - HFH	06-06-2012	89	7	HY	S/L	6
Pricing Guns - RS	04-06-2012	240	7	HY	S/L	17
Tools - RS	06-29-2012	300	7	HY	S/L	21
Total						95

2011 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.....	78,380
TOTAL CARRIED TO 990-EO PG 9 Line 7a(i).....	78,380

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

	Beginning	Ending
Gross Mortgages Receivable.....	1,400,001	1,418,495
Less: Unamortized Mortgage Discounts.	-797,662	-780,145
TOTAL CARRIED TO 990-EO PG 11 Line 7b.....	602,339	638,350

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

	Beginning	Ending
Notes Payable - Deeds of Trust.....	0	210,654
TOTAL CARRIED TO 990-EO PG 11 Line 23b.....	0	210,654

2011 Federal Depreciation Schedule

Habitat for Humanity of the Magic Valley Inc
82-0442486

01-21-2013

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
Form 990										
1998 Chevy Pickup VIN052432	10-08-10	S/L	5	4,900	0	0	0	4,900	490	980
96 Deliv Truck - RS	10-02-06	S/L	10	4,500	0	0	0	4,500	2,250	450
Assorted Tools - HFH	07-17-09	S/L	10	656	0	0	0	656	99	66
Assorted Tools - HFH	07-17-09	S/L	10	2,730	0	0	0	2,730	410	273
Assorted Tools - HFH	08-24-09	S/L	10	52	0	0	0	52	8	5
Assorted Tools - HFH	09-17-09	S/L	10	89	0	0	0	89	13	9
Bins for trailer-HFH	12-31-09	S/L	10	44	0	0	0	44	6	4
Camera - HFH	11-30-07	S/L	5	140	0	0	0	140	100	28
Car Canapy - HFH	06-22-11	S/L	7	207	0	0	0	207	15	30
Carts - RS	09-02-10	S/L	7	200	0	0	0	200	14	29
Carts - RS	08-31-10	S/L	7	250	0	0	0	250	18	36
Carts - RS	01-05-11	S/L	7	200	0	0	0	200	14	29
Carts - RS	04-14-11	S/L	7	60	0	0	0	60	4	9
Carts - RS	11-25-10	S/L	7	200	0	0	0	200	14	29
Cash Register - RS	12-10-09	S/L	5	173	0	0	0	173	52	35
Coffee Maker - RS	05-04-11	S/L	7	106	0	0	0	106	8	15
Computer - HFH	11-17-09	S/L	10	1,268	0	0	0	1,268	190	127
Database Soft - HFH	11-16-09	S/L	10	350	0	0	0	350	53	35
Desk - HFH	01-08-10	S/L	10	80	0	0	0	80	12	8
Desk - RS	02-23-08	S/L	10	117	0	0	0	117	40	12
Equipment - LF -RS	05-07-08	S/L	5	689	0	0	0	689	437	138
Equipment - RS	06-30-07	S/L	10	106	0	0	0	106	54	11
Extnl Harddrive -RS	11-26-09	S/L	5	411	0	0	0	411	123	82
Fireproof Safe - HFH	03-19-10	S/L	10	265	0	0	0	265	40	27
Hard Drives - HFH	11-14-11	S/L	5	275	0	0	0	275	0	28
HP Computer - RS	09-17-07	S/L	5	664	0	0	0	664	499	133
Hyster - RS	11-30-07	S/L	10	3,710	0	0	0	3,710	1,329	371
Ladder - HFH	10-28-09	S/L	10	297	0	0	0	297	45	30
Ladder - HFH	09-14-09	S/L	10	312	0	0	0	312	47	31
Ladder - HFH	11-30-07	S/L	5	171	0	0	0	171	122	34
Ladder - RS	09-15-10	S/L	7	372	0	0	0	372	27	53
Misc Tools - HFH	04-30-12	S/L	7	263	0	0	0	263	0	19
Misc Tools - HFH	11-23-10	S/L	7	7	0	0	0	7	0	1
Misc Tools - HFH	06-06-12	S/L	7	89	0	0	0	89	0	6
Misc Tools - HFH	06-01-07	S/L	10	155	0	0	0	155	77	16
Misc Tools - HFH	08-12-10	S/L	7	131	0	0	0	131	9	19
Misc Tools - HFH	03-21-12	S/L	7	51	0	0	0	51	0	4
Misc Tools -HFH	10-28-09	S/L	7	109	0	0	0	109	24	16
Move Site Sign - HFH	05-29-08	S/L	10	719	0	0	0	719	222	72
Nail Gun - RS	01-29-07	S/L	10	269	0	0	0	269	135	27
Pallet Jack - RS	05-05-07	S/L	10	300	0	0	0	300	150	30
Pallet Racks - RS	06-29-10	S/L	10	2,000	0	0	0	2,000	300	200
Pallet Shelving - RS	11-15-06	S/L	10	1,000	0	0	0	1,000	500	100
Pricing Guns - RS	04-06-12	S/L	7	240	0	0	0	240	0	17

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2011 Federal Depreciation Schedule

Habitat for Humanity of the Magic Valley Inc
82-0442486

01-21-2013

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
Form 990										
Printer - HFH	11-08-07	S/L	5	139	0	0	0	139	103	28
Printers (2) - HFH	09-16-09	S/L	10	212	0	0	0	212	32	21
Radios - HFH	09-30-09	S/L	10	55	0	0	0	55	9	6
Rakes - HFH	10-31-09	S/L	10	85	0	0	0	85	13	9
Refrigerator - RS	08-31-07	S/L	5	75	0	0	0	75	58	15
Safe - HFH	04-05-08	S/L	15	200	0	0	0	200	42	13
Sc Gun&Sawsall - HFH	04-25-07	S/L	10	378	0	0	0	378	192	38
Scaffolding - HFH	11-13-09	S/L	10	500	0	0	0	500	75	50
Scanner - HFH	12-31-09	S/L	5	100	0	0	0	100	30	20
Siding Tools - HFH	11-30-07	S/L	5	233	0	0	0	233	168	47
Software - RS	12-13-07	S/L	5	142	0	0	0	142	101	28
Storage Bins - RS	08-31-09	S/L	5	49	0	0	0	49	15	10
Store Shelving - RS	01-31-08	S/L	10	96	0	0	0	96	34	10
Store Signage - RS	02-12-08	S/L	10	1,381	0	0	0	1,381	472	138
Table - HFH	05-31-11	S/L	7	297	0	0	0	297	21	42
Table - HFH	06-02-11	S/L	7	50	0	0	0	50	4	7
Table Saw - RS	09-15-10	S/L	7	529	0	0	0	529	38	76
Tool Equipment - HFH	10-31-09	S/L	10	233	0	0	0	233	35	23
Tool Trailer - HFH	10-06-09	S/L	10	3,250	0	0	0	3,250	488	325
Tools - RS	02-28-10	S/L	10	169	0	0	0	169	25	17
Tools - RS	06-29-12	S/L	7	300	0	0	0	300	0	21
Tools - RS	09-15-10	S/L	7	341	0	0	0	341	24	49
Truck Brakes - RS	02-03-10	S/L	5	1,753	0	0	0	1,753	526	351
Truck GPS - RS	01-08-10	S/L	5	254	0	0	0	254	76	51
Truck M & Step -RS	03-04-10	S/L	5	349	0	0	0	349	105	70
US Tool Grant - HFH	08-31-09	S/L	10	978	0	0	0	978	147	98
Utility Cart - RS	01-31-10	S/L	10	233	0	0	0	233	35	23
WhlBarrow&Tool - HFH	05-07-09	S/L	10	291	0	0	0	291	63	29
72 Assets			Totals	41 599	0	0	0	41,599	10,881	5 289
72 Assets			Grand Totals	41,599	0	0	0	41 599	10,881	5,289

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction