

Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

For the **2008** calendar year, or tax year beginning **7/01**, **2008**, and ending **6/30**, **2009**

| | | | |
|---|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See specific instructions. | HABITAT FOR HUMANITY OF UTAH COUNTY 340 SOUTH OREM BLVD. OREM, UT 84058 | D Employer Identification Number 87-0491420 E Telephone number 801-344-8527 G Gross receipts \$ 2,768,594. |
| F Name and address of principal officer: Same As C Above | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | |
| J Website: ▶ http://www.habitatuc.org/ | | K Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | |
| L Year of Formation: | | M State of legal domicile: | |

Part I Summary

| | | | |
|------------|--|--------------------------|---------------------|
| 1 | Briefly describe the organization's mission or most significant activities: <u>BUILD AND RENOVATE SIMPLE DECENT HOMES WITH FAMILIES IN NEED IN OUR COMMUNITY</u> | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 20 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 171,384. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 14,958. |
| 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 | Program service revenue (Part VIII, line 2g) | 1,003,522. | 1,073,601. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,281,162. | 1,070,804. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 37,318. | 150,707. |
| 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 8,120. | 49,445. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,330,122. | 2,344,557. |
| 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) | 228,851. | 274,449. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>54,449.</u> | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 2,172,527. | 1,994,847. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,401,378. | 2,269,296. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -71,256. | 75,261. |
| 20 | Total assets (Part X, line 16) | Beginning of Year | End of Year |
| 21 | Total liabilities (Part X, line 26) | 3,413,258. | 4,565,510. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 145,476. | 1,222,466. |
| | | 3,267,782. | 3,343,044. |

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 | _____ Date | |
| | ▶ _____ Type or print name and title. | | |

| | | | | |
|---------------------------------|---|------------------|---|---|
| Paid Preparer's Use Only | Preparer's signature ▶ RONALD J. STEWART, CPA | Date | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) N/A |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Gilbert & Stewart 190 West 800 North, Suite 100 Provo, UT 84601 | EIN ▶ N/A | Phone no. ▶ (801) 377-5300 | |

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

BUILD AND RENOVATE SIMPLE DECENT HOMES WITH FAMILIES IN NEED IN OUR COMMUNITY

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

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

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 \$ 1,841,600. including grants of \$) (Revenue \$)

THREE HOMES ARE UNDER CONSTRUCTION AT YEAR-END.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses \$ 1,841,600. (Must equal Part IX, Line 25, column (B).)

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)? <i>If 'Yes,' complete Schedule A.</i> | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i> | | X |
| 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III.</i> | | |
| 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</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? <i>If 'Yes,' complete Schedule D, Part II.</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> | | 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? <i>If 'Yes,' complete Schedule D, Part IV.</i> | | X |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> | | X |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> | X | |
| 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the U.S.? | | 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 U.S.? <i>If 'Yes,' complete Schedule F, Part I.</i> | | 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? <i>If 'Yes,' complete Schedule F, Part II.</i> | | 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? <i>If 'Yes,' complete Schedule F, Part III.</i> | | X |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I.</i> | | X |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> | X | |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> | | X |
| 20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i> | | X |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> | | X |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> | | X |
| 23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J.</i> | | 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25.</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | | |
| 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? <i>If 'Yes,' complete Schedule L, Part I.</i> | | X |
| b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I.</i> | | 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? <i>If 'Yes,' complete Schedule L, Part II.</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|------------|----|
| 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i> | 28a | X |
| b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i> | 28b | X |
| c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> | 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? <i>If 'Yes,' complete Schedule R, Part I.</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> | 34 | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | 35 | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | 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? <i>If 'Yes,' complete Schedule R, Part VI.</i> | 37 | X |

BAA

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | 0 | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 0 | |
| 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 this return. (see instructions) | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | X | |
| 3b | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | X | |
| 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 the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 6a | 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 deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | | X |
| 7b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | |
| 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, during the year, 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 | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | X |
| 7h | For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | X |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make any distribution to a donor, donor advisor, or related person? | | |
| 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 other 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? | | |
| 12b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | |

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

| | | Yes | No |
|--|--|-----|----|
| <i>For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i> | | | |
| 1 a | Enter the number of voting members of the governing body..... | | |
| 1 b | Enter the number of voting members that are independent..... | | |
| 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?..... | | 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?..... | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?..... | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets?..... | | X |
| 6 | Does the organization have members or stockholders?..... | | X |
| 7 a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?..... | | X |
| 7 b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?..... | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8 a | The governing body?..... | X | |
| 8 b | Each committee with authority to act on behalf of the governing body?..... | X | |
| 9 a | Does the organization have local chapters, branches, or affiliates?..... | | X |
| 9 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?..... | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. See Schedule O..... | | X |
| 11 | Is there any officer, director or 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..... | | X |

Section B. Policies

| | | Yes | No |
|-------------|---|-----|----|
| 12 a | Does the organization have a written conflict of interest policy? If 'No,' go to line 13..... | X | |
| 12 b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?..... | X | |
| 12 c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done..... | X | |
| 13 | Does the organization have a written whistleblower policy?..... | | X |
| 14 | Does the organization have a written document retention and destruction policy?..... | 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: | | |
| 15 a | The organization's CEO, Executive Director, or top management official?..... | X | |
| 15 b | Other officers of key employees of the organization? See Schedule O. Describe the process in Schedule O. (see instructions) | X | |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... | | X |
| 16 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?..... | | |

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ None
- 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:
 ▶ SARA BENEDICT 340 SOUTH OREM BLVD. OREM UT 84058 (801) 344-8527

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

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

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A) Name and Title | (B) Average hours per week | (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 or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JEREMY JOHNSON President | 0 | | | | | | 0. | 0. | 0. | |
| JULIE MCHOOD Treasurer | 0 | | | | | | 0. | 0. | 0. | |
| JONATHAN MECHAM Vice President | 0 | | | | | | 0. | 0. | 0. | |
| JEANNE WALKER Secretary | 0 | | | | | | 0. | 0. | 0. | |
| CAROLINE MERRILL BOARD MEMBER | 0 | | | | | | 0. | 0. | 0. | |
| DON MCCANDLESS BOARD MEMBER | 0 | | | | | | 0. | 0. | 0. | |
| DORIS RUSAW BOARD MEMBER | 0 | | | | | | 0. | 0. | 0. | |
| Gary Jensen BOARD MEMBER | 0 | | | | | | 0. | 0. | 0. | |
| Gene Libutti BOARD MEMBER | 0 | | | | | | 0. | 0. | 0. | |
| Jared Frei BOARD MEMBER | 0 | | | | | | 0. | 0. | 0. | |
| John Roberts Construct. Man | 0 | | | | | | 37,554. | 0. | 0. | |
| Jonathan R. Erickson Board Member | 0 | | | | | | 0. | 0. | 0. | |
| Kelly Palmer Board Member | 0 | | | | | | 0. | 0. | 0. | |
| Kena Mathews Executive Direc | 0 | | | | | | 60,077. | 0. | 0. | |
| LeeAnne Stanley Board Member | 0 | | | | | | 0. | 0. | 0. | |
| Louise Venturella Board Member | 0 | | | | | | 0. | 0. | 0. | |
| Ryan Stevenson Board Member | 0 | | | | | | 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 | |
|---|--|--|--|---|---|---------|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns | 1 a | | | | |
| | b Membership dues | 1 b | | | | |
| | c Fundraising events | 1 c | | | | |
| | d Related organizations | 1 d 194,672. | | | | |
| | e Government grants (contributions) | 1 e 76,729. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f 802,200. | | | | |
| | g Noncash contribns included in lns 1a-1f: \$ | 92,286. | | | | |
| h Total. Add lines 1a-1f | | 1,073,601. | | | | |
| PROGRAM SERVICE REVENUE | 2 a <u>NOTE DISCOUNT</u> | Business Code | 74,904. | 74,904. | | |
| | b <u>TRANSFER OF HOMES</u> | | 995,900. | 995,900. | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 1,070,804. | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts) | | 16,795. | | 16,795. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross Rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | 500,000. | | | |
| | | b Less: cost or other basis and sales expenses | | 366,088. | | |
| | | c Gain or (loss) | | 133,912. | | |
| | d Net gain or (loss) | | 133,912. | | 133,912. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a 17,771. | | | | |
| | | b Less: direct expenses | b 11,348. | | | |
| c Net income or (loss) from fundraising events | | 6,423. | 6,423. | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a 84,073. | | | | | |
| | b Less: cost of goods sold | b 46,601. | | | | |
| | c Net income or (loss) from sales of inventory | | 37,472. | | 37,472. | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a <u>MISC REVENUE</u> | b _____ | | 5,550. | 5,550. | | |
| | c _____ | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | 5,550. | | | |
| | 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | 2,344,557. | 1,082,777. | 171,384. | 16,795. |

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).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (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. | | | | |
| 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. | 139,707. | 99,656. | 20,025. | 20,026. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B). | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages. | 134,742. | 90,095. | 24,890. | 19,757. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). | | | | |
| 9 Other employee benefits. | | | | |
| 10 Payroll taxes. | | | | |
| 11 Fees for services (non-employees). | | | | |
| a Management. | | | | |
| b Legal. | 411. | | 411. | |
| c Accounting. | 5,750. | | 5,750. | |
| d Lobbying. | | | | |
| e Prof fundraising svcs. See Part IV, ln 17. | | | | |
| f Investment management fees. | | | | |
| g Other. | | | | |
| 12 Advertising and promotion. | | | | |
| 13 Office expenses. | | | | |
| 14 Information technology. | | | | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 31,414. | 7,656. | 14,079. | 9,679. |
| 17 Travel. | 13,970. | 9,495. | 3,032. | 1,443. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | | | | |
| 20 Interest. | 15,213. | | 15,213. | |
| 21 Payments to affiliates. | 43,033. | 43,033. | | |
| 22 Depreciation, depletion, and amortization. | 25,977. | | 25,977. | |
| 23 Insurance. | | | | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a <u>COST OF HOMES TRANSFERRED</u> | 948,213. | 948,213. | | |
| b <u>MORTGAGE DISCOUNTS</u> | 639,824. | 639,824. | | |
| c <u>RETAIL STORE EXPENSES</u> | 157,321. | 157,321. | | |
| d <u>SUPPLIES</u> | 37,310. | 25,620. | 9,549. | 2,141. |
| e <u>INSURANCE</u> | 28,095. | 18,052. | 8,968. | 1,075. |
| f All other expenses. | 48,316. | 34,579. | 13,409. | 328. |
| 25 Total functional expenses. Add lines 1 through 24f. | 2,269,296. | 2,073,544. | 141,303. | 54,449. |
| 26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|---|--|-------------|--------------------|------------|
| ASSETS | 1 | Cash — non-interest-bearing | 92,007. | 1 | 78,378. |
| | 2 | Savings and temporary cash investments | 786,693. | 2 | 662,089. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 8,736. | 4 | 17,622. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | 984,594. | 7 | 1,286,863. |
| | 8 | Inventories for sale or use | 213. | 8 | 2,776. |
| | 9 | Prepaid expenses and deferred charges | 4,568. | 9 | 50,230. |
| | 10a | Land, buildings, and equipment: cost basis | 10a 67,108. | | |
| | b | Less: accumulated depreciation. Complete Part VI of Schedule D | 10b 26,952. | | |
| | 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 | 1,134,513. | 15 | 2,427,396. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 3,413,258. | 16 | 4,565,510. | |
| LIABILITIES | 17 | Accounts payable and accrued expenses | 140,381. | 17 | 37,569. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | |
| | 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 | 1,184,646. |
| | 24 | Unsecured notes and loans payable | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | 5,095. | 25 | 251. |
| | 26 | Total liabilities. Add lines 17 through 25 | 145,476. | 26 | 1,222,466. |
| NET ASSETS OR FUND BALANCES | 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 | 3,267,782. | 27 | 3,343,044. |
| | 28 | Temporarily restricted net assets | | 28 | |
| | 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, and equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances. | 3,267,782. | 33 | 3,343,044. | |
| 34 | Total liabilities and net assets/fund balances. | 3,413,258. | 34 | 4,565,510. | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| b | Were the organization's financial statements audited by an independent accountant? | | X |
| c | If 'Yes' to 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? | | |
| 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? | | |

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

| | |
|--|---|
| Name of the organization HABITAT FOR HUMANITY OF UTAH COUNTY | Employer identification number 87-0491420 |
|--|---|

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?

| | Yes | No |
|--|-------------------|----|
| (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? | 11 g (i) | |
| (ii) a family member of a person described in (i) above? | 11 g (ii) | |
| (iii) a 35% controlled entity of a person described in (i) or (ii) above? | 11 g (iii) | |

h Provide the following information about the organizations the organization supports.

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of Support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|------------|----------|------------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') | 567,054. | 644,286. | 925,364. | 1,003,522. | 801,175. | 3,941,401. |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | 0. |
| 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | | 0. |
| 4 Total. Add lines 1-3. | 567,054. | 644,286. | 925,364. | 1,003,522. | 801,175. | 3,941,401. |
| 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). | | | | | | 0. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 3,941,401. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|------------|------------|------------|
| 7 Amounts from line 4 | 567,054. | 644,286. | 925,364. | 1,003,522. | 801,175. | 3,941,401. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 44,488. | 49,964. | 44,539. | 37,319. | 150,707. | 327,017. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV. | 173,567. | 810,763. | 669,699. | 1,365,944. | 1,392,675. | 4,412,648. |
| 11 Total support. Add lines 7 through 10. | | | | | | 8,681,066. |
| 12 Gross receipts from related activities, etc. (see instructions). | | | | | 12 | 0. |
| 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. ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 45.4 % |
| 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f | 15 | 59.1 % |
| 16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the 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 – 2007. 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 – 2008. 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 – 2007. 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"/> | | |

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (add lns 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % |

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

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

HABITAT FOR HUMANITY OF UTAH COUNTY

87-0491420

Part II, Line 10 - Other Income

| <u>Nature and Source</u> | <u>2008</u> | <u>2007</u> | <u>2006</u> | <u>2005</u> | <u>2004</u> |
|--------------------------|---------------------|---------------------|--------------------|--------------------|--------------------|
| OTHER MISC REV. | 1,317,771. | 1,289,282. | 612,612. | 776,409. | 141,196. |
| NOTE DISCOUNTS | 74,904. | 76,662. | 57,087. | 34,354. | 32,371. |
| Total | <u>\$1,392,675.</u> | <u>\$1,365,944.</u> | <u>\$ 669,699.</u> | <u>\$ 810,763.</u> | <u>\$ 173,567.</u> |

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ and 990-PF
▶ See separate instructions.

OMB No. 1545-0047

2008

Name of the organization

HABITAT FOR HUMANITY OF UTAH COUNTY

Employer identification number

87-0491420

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

HABITAT FOR HUMANITY OF UTAH COUNTY

87-0491420

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---|-----------------------------------|--|
| 1 | HABITAT FOR HUMANITY INTERNATIONAL ----- ----- ----- | \$ 194,672. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | ENVISION UTAH ----- ----- ----- | \$ 70,050. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | GENE HARVEY CHEVROLET ----- ----- ----- | \$ 25,875. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

HABITAT FOR HUMANITY OF UTAH COUNTY

Employer identification number

87-0491420

Part II Noncash Property (see instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 3 | CHEVY SILVERADO | \$ 25,875. | |
| | | | |
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| | |
|--|---|
| Name of organization HABITAT FOR HUMANITY OF UTAH COUNTY | Employer identification number 87-0491420 |
|--|---|

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | N/A | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY OF UTAH COUNTY

Employer identification number

87-0491420

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor informed status.

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, total acreage, and various monitoring and reporting questions.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and amounts related to these items.

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

- 3 Using the organization's 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 Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a 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 |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2 a 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 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 |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or 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 _____ %
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—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) Depreciation | (d) Book Value |
|---|--------------------------------------|---------------------------------|------------------|----------------|
| 1 a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | 67,108. | | 26,952. | 40,156. |
| e Other | | | | |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 40,156. |

BAA

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

| | | | |
|----|--|--|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 2,344,557. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2,269,296. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 75,261. |
| 4 | Net unrealized gains (losses) on investments | | |
| 5 | Donated services and use of facilities | | |
| 6 | Investment expenses | | |
| 7 | Prior period adjustments | | |
| 8 | Other (Describe in Part XIV) | | |
| 9 | Total adjustments (net). Add lines 4-8 | | |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | | 75,261. |

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 | 2,344,557. |
| 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 | |
| | c Recoveries of prior year grants | 2c | |
| | d Other (Describe in Part XIV) | 2d | |
| | e Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 2,344,557. |
| 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 should equal Form 990, Part I, line 12.) | 5 | 2,344,557. |

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

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 2,269,296. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| | a Donated services and use of facilities | 2a | |
| | b Prior year adjustments | 2b | |
| | c Losses reported on Form 990, Part IX, line 25 | 2c | |
| | d Other (Describe in Part XIV) | 2d | |
| | e Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 2,269,296. |
| 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 should equal Form 990, Part I, line 18.) | 5 | 2,269,296. |

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| REVENUE | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-----------------|---|--|------------------|---------------------------------|
| | MISC. SPECIAL (event type) | (event type) | (total number) | (Add col. (a) through col. (c)) |
| 1 | Gross receipts | 17,771. | | 17,771. |
| 2 | Less: Charitable contributions | | | |
| 3 | Gross revenue (line 1 minus line 2) | 17,771. | | 17,771. |
| DIRECT EXPENSES | 4 | Cash prizes | | |
| | 5 | Non-cash prizes | | |
| | 6 | Rent/facility costs | | |
| | 7 | Other direct expenses | 11,348. | 11,348. |
| | 8 | Direct expense summary. Add lines 4- through 7 in column (d) | | |
| 9 | Net income summary. Combine lines 3 and 8 in column (d) | | | 6,423. |

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) through col. (c)) | | | |
| 1 | Gross revenue | | | |
| DIRECT EXPENSES | 2 | Cash prizes | | |
| | 3 | Non-cash prizes | | |
| | 4 | Rent/facility costs | | |
| | 5 | Other direct expenses | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | |
| 8 | Net gaming income summary. Combine lines 1 and 7 in column (d) | | | |

| | YES | NO |
|--|-----|----|
| 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? | 9a | |
| b If 'No,' Explain: ----- | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | |
| b If 'Yes,' Explain: ----- | | |
| 11 Does the organization operate gaming activities with nonmembers? | 11 | |
| 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? | 12 | |

13 Indicate the percentage of gaming activity operated in:

| | | |
|--|------------|---|
| a The organization's facility. | 13a | % |
| b An outside facility. | 13b | % |

14 Provide 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 contact with a third party from whom the organization receives gaming revenue?..... **15a**

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:

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?..... **17a**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

**SCHEDULE M
(Form 990)**

Non-Cash Contributions

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► **To be completed by organizations that answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.**

Name of the organization

HABITAT FOR HUMANITY OF UTAH COUNTY

Employer identification number

87-0491420

Part I Types of Property

| | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|-------------------------------|-----------------------------------|--|--|
| 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 | X | 1 | 25,875. | FMV |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution (historic structures) | | | | |
| 14 Qualified conservation contribution (other) | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (CONSTRUCTION) | | 28 | 58,017. | FMV |
| 26 Other ► (INTERNET & HOST) | | 2 | 635. | FMV |
| 27 Other ► (FUNDRAISING SUP) | | 6 | 1,354. | FMV |
| 28 Other ► () | | | | |

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

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | 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? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If 'Yes,' describe in Part II. | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2008

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY OF UTAH COUNTY

Employer identification number

87-0491420

Part I Identification of Disregarded Entities

| (A) Name, address, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | (F) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| ----- | | | | | |
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| ----- | | | | | |

Part II Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
|--|-------------------------------|--|----------------------------|---|----------------------------------|
| HABITAT FOR HUMANITY INTERNATIONAL 270 PEACHTREE ST. NW STE. 1300 | A NONPROFIT ECUMENICAL | | | | |
| ATLANTA, GA 30303 91-1914868 | CHRISTIAN HOUSING MINISTRY | GA | 501 (c) (3) | | N/A |
| ----- | | | | | |
| ----- | | | | | |
| ----- | | | | | |
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| ----- | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership

| (A) Name, address, and EIN of related organization | (B) Primary Activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income (related, investment, unrelated) | (F) Share of total income | (G) Share of end-of-year assets | (H) Disproportionate allocations? | | (I) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (J) General or managing partner? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|
| | | | | | | | Yes | No | | Yes | No |
| ----- | | | | | | | | | | | |
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| ----- | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

| (A) Name, address, and EIN of related organization | (B) Primary Activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| ----- | | | | | | | |
| ----- | | | | | | | |
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| ----- | | | | | | | |

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

| | Yes | No |
|---|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity..... | | X |
| b Gift, grant, or capital contribution to other organization(s)..... | X | |
| c Gift, grant, or capital contribution from other organization(s)..... | X | |
| d Loans or loan guarantees to or for other organization(s)..... | | X |
| e Loans or loan guarantees by other organization(s)..... | | X |
| f Sale of assets to other organization(s)..... | | X |
| g Purchase of assets from other organization(s)..... | | X |
| h Exchange of assets..... | | X |
| i Lease of facilities, equipment, or other assets to other organization(s)..... | | X |
| j Lease of facilities, equipment, or other assets from other organization(s)..... | | X |
| k Performance of services or membership or fundraising solicitations for other organization(s)..... | | X |
| l Performance of services or membership or fundraising solicitations by other organization(s)..... | | X |
| m Sharing of facilities, equipment, mailing lists, or other assets..... | | X |
| n Sharing of paid employees..... | | X |
| o Reimbursement paid to other organization for expenses..... | | X |
| p Reimbursement paid by other organization for expenses..... | | X |
| q Other transfer of cash or property to other organization(s)..... | | X |
| r Other transfer of cash or property from other organization(s)..... | | X |

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

| (A) Name of other organization | (B) Transaction type (a-r) | (C) Amount involved |
|--|-------------------------------|------------------------|
| (1) HABITAT FOR HUMANITY INTERNATIONAL | b | 43,033. |
| (2) HABITAT FOR HUMANITY INTERNATIONAL | c | 194,672. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.**

Name of the organization

HABITAT FOR HUMANITY OF UTAH COUNTY

Employer identification number

87-0491420

Explanation of Amended Return

ADJUSTED FUNCTIONAL EXPENSES PER ADDITIONAL RESEARCH

Form 990, Part VI, Line 10 - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

REVIEWED DURING BOARD MEETINGS AND VOTED ON BY MEMBERS

Part III Tax Computation

| | | | |
|--|--|------------|--------|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. <input type="checkbox"/> . See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)..... \$ _____ (2) Additional 3% tax (not more than \$100,000)..... \$ _____ c Income tax on the amount on line 34..... ▶ | | 35c | 2,244. |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)..... ▶ | | 36 | |
| 37 Proxy tax. See instructions..... ▶ | | 37 | |
| 38 Alternative minimum tax. ▶ | | 38 | |
| 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies..... ▶ | | 39 | 2,244. |

Part IV Tax and Payments

| | | | |
|--|------------|--|-------------|
| 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)..... | 40a | | |
| b Other credits (see instructions)..... | 40b | | |
| c General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶ _____ | 40c | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827)..... | 40d | | |
| e Total credits. Add lines 40a through 40d..... | 40e | | 0. |
| 41 Subtract line 40e from line 39..... | 41 | | 2,244. |
| 42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611.. <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)..... | 42 | | |
| 43 Total tax. Add lines 41 and 42..... | 43 | | 2,244. |
| 44a Payments: A 2007 overpayment credited to 2008..... | 44a | | Statement 2 |
| b 2008 estimated tax payments..... | 44b | | |
| c Tax deposited with Form 8868..... | 44c | | |
| d Foreign organizations: Tax paid or withheld at source (see instructions)..... | 44d | | |
| e Backup withholding (see instructions)..... | 44e | | |
| f Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total..... ▶ | 44f | | |
| 45 Total payments. Add lines 44a through 44f..... | 45 | | 0. |
| 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... ▶ <input checked="" type="checkbox"/> | 46 | | 75. |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed..... ▶ | 47 | | |
| 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid..... ▶ | 48 | | 10,565. |
| 49 Enter the amount of line 48 you want: Credited to 2009 estimated tax ▶ Refunded ▶ | 49 | | 10,565. |

Part V Statements Regarding Certain Activities and Other Information (see instructions.)

| | | |
|--|-----|----|
| 1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here..... ▶ _____ | Yes | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?... If YES, see the instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____ 0. | | |

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶ FIFO

| | | | | | |
|---|-----------|---------|--|----------|---------|
| 1 Inventory at beginning of year..... | 1 | 213. | 6 Inventory at end of year..... | 6 | 2,776. |
| 2 Purchases..... | 2 | 49,164. | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2..... | 7 | 46,601. |
| 3 Cost of labor..... | 3 | | | | |
| 4a Additional section 263A costs (attach schedule) | 4a | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... | Yes | No |
| b Other costs (attach sch)..... | 4b | | | | |
| 5 Total. Add lines 1 through 4b..... | 5 | 49,377. | | | X |

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

Signature of officer _____ Date _____ Title _____

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

Paid Preparer's Use Only

Preparer's signature ▶ **RONALD J. STEWART, CPA** Date _____
Firm's name (or yours if self-employed), address, and ZIP code ▶ **Gilbert & Stewart**
190 West 800 North, Suite 100
Provo, UT 84601

Check if self-employed Preparer's SSN or PTIN **P00720226**
EIN **87-0403149**
Phone no. **(801) 377-5300**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

| 1 Description of property | | 2 Rent received or accrued | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|----------------------------|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| Total | | Total | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B). |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

| 1 Description of debt-financed property | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property | | |
|--|--|---|---|--|
| | | (a) Straight line depreciation (attach sch) | (b) Other deductions (attach schedule) | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5 | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals ▶ | | Enter here and on page 1, Part I, line 7, column (A). | | Enter here and on page 1, Part I, line 7, column (B). |
| Total dividends-received deductions included in column 8 ▶ | | | | |

Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1 Name of Controlled Organization | 2 Employer Identification Number | Exempt Controlled Organizations | | | | |
|------------------------------------|----------------------------------|--|--|--|---|---|
| | | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Nonexempt Controlled Organizations | | 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals ▶ | | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B). | |

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (column 3 plus column 4) |
|-------------------------|---|---|--------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | Enter here and on page 1, Part I, line 9, column (A). | | | Enter here and on page 1, Part I, line 9, column (B). |

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7. | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|-------------------------------------|--|--|---|--|-------------------------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | Enter here and on page 1, Part I, line 10, column (A). | Enter here and on page 1, Part I, line 10, column (B). | | | | Enter here and on page 1, Part II, line 26. |

Schedule J – Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|----------------------------|----------------------------|---|----------------------|--------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | | | | | |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|--|--|---|----------------------|--------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) Totals from Part I | | | | | | |
| Totals, Part II (lines 1-5) | Enter here and on page 1, Part I, line 11, column (A). | Enter here and on page 1, Part I, line 11, column (B). | | | | Enter here and on page 1, Part II, line 27. |

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|-----------------|---------------------------------------|---|
| Rick McBride | ReStore Manager | 9 % | 4,161. |
| | | 0 % | |
| | | 0 % | |
| | | 0 % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 4,161. |

Underpayment of Estimated Tax by Corporations

2008

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Attach to the corporation's tax return.

Name **HABITAT FOR HUMANITY OF UTAH COUNTY** Employer identification number **87-0491420**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

| Part I Required Annual Payment | | | |
|---------------------------------------|--|-----------|--------|
| 1 | Total tax (see instructions) | 1 | 2,244. |
| 2a | Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 | | |
| 2b | Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method | | |
| 2c | Credit for federal tax paid on fuels (see instructions) | | |
| 2d | Total. Add lines 2a through 2c | 2d | |
| 3 | Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty | 3 | 2,244. |
| 4 | Enter the tax shown on the corporation's 2007 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5. | 4 | |
| 5 | Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3. | 5 | 2,244. |

| Part II Reasons for Filing – Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220, even if it does not owe a penalty (see instructions). | |
|---|--|
| <input type="checkbox"/> | 6 The corporation is using the adjusted seasonal installment method. |
| <input type="checkbox"/> | 7 The corporation is using the annualized income installment method. |
| <input type="checkbox"/> | 8 The corporation is a 'large corporation' figuring its first required installment based on the prior year's tax. |

| Part III Figuring the Underpayment | | (a) | (b) | (c) | (d) | |
|--|--|-----|----------|----------|---------|---------|
| 9 | Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990 – PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. | 9 | 10/15/08 | 12/15/08 | 3/15/09 | 6/15/09 |
| 10 | Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. | 10 | 561. | 561. | 561. | 561. |
| 11 | Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15. | 11 | | | | |
| <i>Complete lines 12 through 18 of one column before going to the next column.</i> | | | | | | |
| 12 | Enter amount, if any, from line 18 of the preceding column. | 12 | | | | |
| 13 | Add lines 11 and 12. | 13 | | | | |
| 14 | Add amounts on lines 16 and 17 of the preceding column. | 14 | | 561. | 1,122. | 1,683. |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0-. | 15 | 0. | 0. | 0. | 0. |
| 16 | If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-. | 16 | | 561. | 1,122. | |
| 17 | Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18. | 17 | 561. | 561. | 561. | 561. |
| 18 | Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column. | 18 | | | | |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 – no penalty is owed.

Part IV Figuring the Penalty

| | (a) | (b) | (c) | (d) |
|--|--------------------|----------|----------|----------|
| 19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). <i>(Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)</i> | 19 11/15/09 | 11/15/09 | 11/15/09 | 11/15/09 |
| 20 Number of days from due date of installment on line 9 to the date shown on line 19 | 20 396 | 335 | 245 | 153 |
| 21 Number of days on line 20 after 4/15/2008 and before 7/1/2008 | 21 | | | |
| 22 Underpayment on line 17 \times $\frac{\text{Number of days on line 21}}{366} \times 6\%$ | 22 | | | |
| 23 Number of days on line 20 after 6/30/2008 and before 10/1/2008 | 23 | | | |
| 24 Underpayment on line 17 \times $\frac{\text{Number of days on line 23}}{366} \times 5\%$ | 24 | | | |
| 25 Number of days on line 20 after 9/30/2008 and before 1/1/2009 | 25 77 | 16 | | |
| 26 Underpayment on line 17 \times $\frac{\text{Number of days on line 25}}{366} \times 6\%$ | 26 7.08 | 1.47 | | |
| 27 Number of days on line 20 after 12/31/2008 and before 4/1/2009 | 27 90 | 90 | 16 | |
| 28 Underpayment on line 17 \times $\frac{\text{Number of days on line 27}}{365} \times 5\%$ | 28 6.92 | 6.92 | 1.23 | |
| 29 Number of days on line 20 after 3/31/2009 and before 7/1/2009 | 29 91 | 91 | 91 | 15 |
| 30 Underpayment on line 17 \times $\frac{\text{Number of days on line 29}}{365} \times 4\%$ | 30 5.59 | 5.59 | 5.59 | 0.92 |
| 31 Number of days on line 20 after 6/30/2009 and before 10/1/2009 | 31 92 | 92 | 92 | 92 |
| 32 Underpayment on line 17 \times $\frac{\text{Number of days on line 31}}{365} \times 4\%$ | 32 5.66 | 5.66 | 5.66 | 5.66 |
| 33 Number of days on line 20 after 9/30/2009 and before 1/1/2010 | 33 46 | 46 | 46 | 46 |
| 34 Underpayment on line 17 \times $\frac{\text{Number of days on line 33}}{365} \times 4\%$ | 34 2.83 | 2.83 | 2.83 | 2.83 |
| 35 Number of days on line 20 after 12/31/2009 and before 2/16/2010 | 35 | | | |
| 36 Underpayment on line 17 \times $\frac{\text{Number of days on line 35}}{365} \times$ % | 36 | | | |
| 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36 | 37 28.08 | 22.47 | 15.31 | 9.41 |
| 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns | 38 | | | 75. |

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

HABITAT FOR HUMANITY OF UTAH COUNTY

87-0491420

Statement 1
Form 990-T, Part II, Line 28
Other Deductions

| | | |
|-----------------------|----|----------------|
| ADVERTISING..... | \$ | 401. |
| BANK CHARGES..... | | 549. |
| INSURANCE..... | | 36. |
| MISCELLANEOUS..... | | 25. |
| OUTSIDE SERVICES..... | | 18. |
| RENTAL EXPENSE..... | | 11,743. |
| SUPPLIES..... | | 182. |
| UTILITIES..... | | 782. |
| Total | \$ | <u>13,736.</u> |

Statement 2
Form 990-T, Part IV
Other Charges and Payments

| | | |
|------------------------------------|----|----------------|
| Tax Paid with Original Return..... | \$ | 12,884. |
| Total | \$ | <u>12,884.</u> |