



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



Return of Organization Exempt From Income Tax

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

2007

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

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

A For the 2007 calendar year, or tax year beginning		, 2007, and ending	
B	C Name of organization		D Employer identification number
<input type="checkbox"/> Check if applicable	PARK CITY AREA HOME BUILDERS ASSOCI		87-0652130
<input type="checkbox"/> Address change	Number and street (or PO box if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Name change	PO BOX 980850		(435) 645-9363
<input type="checkbox"/> Initial return	Room/suite		F Accounting method.
<input type="checkbox"/> Termination	City or town, state or country, and ZIP + 4		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
<input type="checkbox"/> Amended return	Park City UT 84098		<input type="checkbox"/> Other (specify) ►
<input type="checkbox"/> Application pending	● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		H and I are not applicable to section 527 organizations

G Website. ► N/A

J Organization type (check only one) ► 501(c) (6) (insert no) 4947(a)(1) or 527K Check here ► if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 472,578

H(a) Is this a group return for affiliates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H(b) If "Yes," enter number of affiliates	►
H(c) Are all affiliates included? (If "No," attach a list See instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
H(d) Is this a separate return filed by an organization covered by a group ruling?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Group Exemption Number ►	
M Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

1 Contributions, gifts, grants, and similar amounts received	1a	1e	1e	
a Contributions to donor advised funds	1b			
b Direct public support (not included on line 1a)	1c			
c Indirect public support (not included on line 1a)	1d			
e Total (add lines 1a through 1d) (cash \$ RECEIVED) noncash \$ RECEIVED)	2	288,626		
2 Program service revenue including government fees and contracts (from Part VII, line 93)	3	132,975		
3 Membership dues and assessments	4	3,734		
4 Interest on savings and temporary cash investments	5			
5 Dividends and interest from securities	6a			
6a Gross rents	6b			
b Less rental expenses OGDEN, UT				
c Net rental income or (loss) Subtract line 6b from line 6a RECEIVED RECEIVED TPR BRANCH OGDEN JAN 6 2011	7			
7 Other investment income (describe ►)				
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	8d	
b Less cost or other basis and sales expenses	8a			
c Gain or (loss) (attach schedule)	8b			
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8c			
9 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>				
a Gross revenue (not including \$ RECEIVED of contributions reported on line 1b)	9a			
b Less direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events Subtract line 9b from line 9a				
10a Gross sales of inventory, less returns and allowances	10a			
b Less cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a				
11 Other revenue (from Part VII, line 103)				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				
13 Program services (from line 44, column (B))			13	0
14 Management and general (from line 44, column (C))			14	0
15 Fundraising (from line 44, column (D))			15	0
16 Payments to affiliates (attach schedule)			16	
17 Total expenses. Add lines 16 and 44, column (A)			17	440,408
18 Excess or (deficit) for the year Subtract line 17 from line 12			18	32,170
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	180,359
20 Other changes in net assets or fund balances (attach explanation)			20	1,741
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	214,270

G10 12

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule) - - - - -	23			
24	Benefits paid to or for members (attach schedule) - - - - -	24			
25 a	Compensation of current officers, directors, key employees, etc listed in Part V-A - - - - -	25a	120,431		
b	Compensation of former officers, directors, key employees, etc listed in Part V-B - - - - -	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) - - - - -	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c - - - - -	26	116		
27	Pension plan contributions not included on lines 25a, b, and c - - - - -	27			
28	Employee benefits not included on lines 25a - 27 - - - - -	28			
29	Payroll taxes - - - - -	29	9,697		
30	Professional fundraising fees - - - - -	30			
31	Accounting fees - - - - -	31	9,800		
32	Legal fees - - - - -	32	1,102		
33	Supplies - - - - -	33	12,266		
34	Telephone - - - - -	34	3,353		
35	Postage and shipping - - - - -	35	1,903		
36	Occupancy - - - - -	36	12,605		
37	Equipment rental and maintenance - - - - -	37			
38	Printing and publications - - - - -	38	1,876		
39	Travel - - - - -	39	5,391		
40	Conferences, conventions, and meetings - - - - -	40	11,125		
41	Interest - - - - -	41			
42	Depreciation, depletion, etc (attach schedule) - - - - -	42	28		
43	Other expenses not covered above (itemize) STM167				
a	SHOWCASE EXPENSE	43a	116,687		
b	GREEN BUILD EXPENSE	43b	108,242		
c	INSURANCE	43c	12,778		
d	WEBSITE COSTS	43d	2,193		
e	OTHER TAXES	43e	3,900		
f	BANK AND CRDIT CARD FEES	43f	45		
g	PAYROLL SERVICE FEES	43g	6,725		
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15) - - - - -	44	145	0	0
			440,408	0	0

Joint Costs. Check ► if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **PROMOTE BUILDING INDUSTRY**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

a **See SERVICES**

(Grants and allocations \$) If this amount includes foreign grants, check here ►

b

(Grants and allocations \$) If this amount includes foreign grants, check here ►

c

(Grants and allocations \$) If this amount includes foreign grants, check here ►

d

(Grants and allocations \$) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ►

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

EEA

Form 990 (2007)

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year	(B) End of year
45	Cash - non-interest-bearing		87,311	45
46	Savings and temporary cash investments			46
47 a	Accounts receivable	47a	27,003	
b	Less allowance for doubtful accounts	47b	5,000	11,497 47c
48 a	Pledges receivable	48a		
b	Less allowance for doubtful accounts	48b		48c
49	Grants receivable			49
50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
51 a	Other notes and loans receivable (attach schedule)	51a		
b	Less allowance for doubtful accounts	51b		51c
52	Inventories for sale or use			52
53	Prepaid expenses and deferred charges			53
54 a	Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	92,803	54a
b	Investments - other securities (attach schedule)	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a	Investments - land, buildings, and equipment basis	55a		
b	Less accumulated depreciation (attach schedule)	55b		55c
56	Investments - other (attach schedule)			56
57 a	Land, buildings, and equipment basis	57a	11,706	
b	Less accumulated depreciation (attach schedule)	57b	11,706	28 57c
58	Other assets, including program-related investments (describe ► STM117)			467 58
59	Total assets (must equal line 74) Add lines 45 through 58			192,106 59
				223,718
60	Accounts payable and accrued expenses		3,512	60
61	Grants payable			61
62	Deferred revenue		4,000	62
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63
64 a	Tax-exempt bond liabilities (attach schedule)			64a
b	Mortgages and other notes payable (attach schedule)			64b
65	Other liabilities (describe ► STM121)		4,235	65
66	Total liabilities. Add lines 60 through 65			8,448
	11,747	66		9,448
Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted		180,359	67
68	Temporarily restricted		0	68
69	Permanently restricted		0	69
Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds			70
71	Paid-in or capital surplus, or land, building, and equipment fund			71
72	Retained earnings, endowment, accumulated income, or other funds			72
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		180,359	73
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		192,106	74
				223,718

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)	
a Total revenue, gains, and other support per audited financial statements	a N/A
b Amounts included on line a but not on Part I, line 12	
1 Net unrealized gains on investments	b1
2 Donated services and use of facilities	b2
3 Recoveries of prior year grants	b3
4 Other (specify)	b4
Add lines b1 through b4	b
c Subtract line b from line a	c
d Amounts included on Part I, line 12, but not on line a:	
1 Investment expenses not included on Part I, line 6b	d1
2 Other (specify)	d2
Add lines d1 and d2	d
e Total revenue (Part I, line 12) Add lines c and d	e

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
a Total expenses and losses per audited financial statements	a N/A
b Amounts included on line a but not on Part I, line 17	
1 Donated services and use of facilities	b1
2 Prior year adjustments reported on Part I, line 20	b2
3 Losses reported on Part I, line 20	b3
4 Other (specify)	b4
Add lines b1 through b4	b
c Subtract line b from line a	c
d Amounts included on Part I, line 17, but not on line a:	
1 Investment expenses not included on Part I, line 6b	d1
2 Other (specify)	d2
Add lines d1 and d2	d
e Total expenses (Part I, line 17) Add lines c and d	e

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)	
---	--

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DENNIS LOOMIS	PRESIDENT			
PO BOX 980850	PARK CITY UT 84098 2	0	0	0
SCOTT STUBBS	VICE PRESIDEN			
PO BOX 980850	PARK CITY UT 84098 1	0	0	0
JARED RAKISITS	VICE PRESIDEN			
PO BOX 980850	PARK CITY UT 84098 1	0	0	0
SEAN CARSE	ASSOC VP			
PO BOX 980850	PARK CITY UT 84098 1	0	0	0
BRADY HARTZOG	TREAS/SECT			
PO BOX 980850	PARK CITY UT 84098 1	0	0	0
GERI STRAND	EXEC OFFICER			
PO BOX 980850	PARK CITY UT 84098 40	54,815	0	0
KASEY L RING	EXEC OFFICER			
PO BOX 980850	PARK CITY UT 84098 40	20,830	0	0
KELLY S PRICE	PROG MANAGER			
PO BOX 980850	PARK CITY UT 84098 20	12,142	0	0
MEGHAN E GOLDEN	PROG MANAGER			
PO BOX 980850	PARK CITY UT 84098 40	30,038	0	0
SARAH C WEINBERG	PROG MANAG			
PO BOX 980850	PARK CITY UT 84098 40	2,606	0	0

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►	89a	
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	89d	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	N/A
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	N/A
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	N/A
90a	List the states with which a copy of this return is filed ►	90b	3
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		
91a	The books are in care of ► % GERI STRAND Located at ► PO BOX 980850 PARK CITY UT ZIP + 4 ► 84098	Telephone no ► 435-645-9363	
b	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)?	91b	X
	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		

Part VI Other Information (continued)		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
If "Yes," enter the name of the foreign country ►			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ►	92	
	and enter the amount of tax-exempt interest received or accrued during the tax year ►		

Part VII Analysis of Income-Producing Activities (See the instructions)				
	Unrelated business income	Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(C)	(D)	
	Business code	Amount	Exclusion code	Amount
93	Program service revenue			212,084
a	SHOWCASE OF HOMES			32,628
b	GREEN BUILD			28,835
c	SPRING GOLF			15,079
d	SKI DAY			
e				
f	Medicare/Medicaid payments			
g	Fees and contracts from government agencies			
94	Membership dues and assessments			132,975
95	Interest on savings & temporary cash investments	14	3,734	
96	Dividends and interest from securities			
97	Net rental income or (loss) from real estate			
a	debt-financed property			
b	not debt-financed property			
98	Net rental income or (loss) from personal property			
99	Other investment income			
100	Gain or (loss) from sales of assets other than inventory			
101	Net income or (loss) from special events			
102	Gross profit or (loss) from sales of inventory			
103	Other revenue a MEMBERSHIP			2,500
b	MEMBERSHIP DINNER/LUN			1,981
c	SPONSORS			3,750
d	ED SEMINAR ENTRY FEE			27,462
e	BUILDER CALENDAR INCO			11,550
104	Subtotal (add columns (B), (D), and (E))		3,734	468,844
105	Total (add line 104, columns (B), (D), and (E)) ►			472,578

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)	
Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	PROMOTE BUILDERS, PRODUCTS, AND WORKMANSHIP OF MEMBERS
93b	PROMOTE BUILDERS, PRODUCTS AND WORKMANSHIP OF MEMBERS
93c	PROMOTE BUILDERS, PRODUCTS AND WORKMANSHIP OF MEMBERS
93d	PROMOTE BUILDERS, PRODUCTS AND WORKMANSHIP OF MEMBERS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)				
(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of activities	Total income	End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)	
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

				Yes	No
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

				Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?				

Please 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 officer) is based on all information of which preparer has any knowledge				
	 Signature of officer GERI STRAND, DIRECTOR Type or print name and title				
	12-15-10 Date				
Paid Preparer's Use Only	Preparer's signature	Adrian D. Anderson, MAcc	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen Inst X)
	Precise Tax Services, LLC 2202 N Main St Suite 304 Cedar City, UT 84721			<input type="checkbox"/>	EIN
				<input type="checkbox"/>	Phone no
			4352670136		

Federal Supporting Statements**2007 PG01**

Name(s) as shown on return

FEIN

PARK CITY AREA HOME BUILDERS ASSOCI

87-0652130

LINE 103A

Statement #2

Unformatted StatementSPONSORS CAN PROMOTE PRODUCTS WHICH ALLOW FOR HIGHER QUALITY AND BETTER FINISHED PRODUCT
WITHIN THE BUILDING INDUSTRY.

PG01

Statement #3

Unformatted Statement

FEES DEFRAY COSTS TO THE ORGANIZATION.

**FORM 990, SCH FOR PART II, LINE 42
DEPRECIATION AND DEPLETION SCHEDULE**PG 01
Statement #108

Description	Total	Program Services	Management & General	Fundraising
OFFICE EQUIPMENT	28		28	
TOTAL	28		28	

**FORM 990, SCH FOR PART IV, LINE 57
LAND ETC. SCHEDULE**PG 01
Statement #116

Category or Item	Basis	Accumulated Depreciation	End of Year
OFFICE EQUIPMENT	2,351	2,351	
OFFICE EQUIPMENT	7,915	7,915	
OFFICE EQUIPMENT	662	662	
OFFICE EQUIPMENT	778	778	
TOTAL	11,706		

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

PARK CITY AREA HOME BUILDERS ASSOCI

87-0652130

FORM 990, SCH FOR PART IV, LINE 58
OTHER ASSETS SCHEDULE 2

Statement #117

Description	Beginning of year	End of year
DEPOSITS	467	467
TOTAL	467	467

FORM 990, SCH FOR PART IV, LINE 65
OTHER LIABILITIES SCHEDULE 2PG 01
Statement #121

Description	Beginning of year	End of year
ACCRUED PAYROLL TAXE	4,235	4,265
Prepaid Expense		4,183
TOTAL	4,235	8,448

990 PART II, LINE 43
OTHER EXPENSES (OVERFLOW)PG01
Statement #167

Description	Total	Program Services	Management & General	Fundraising
NAHB DUES	39,409	39,409		
HBA UTAH STATE DUES	21,440	21,440		
MEALS AND ENTERTAINM	803	803		
DUES AND SUBSCRIPTIO	624	624		
MARKETING/ADVERTISING	567	567		
MEMBERSHIP DIRECTORY	696	696		
MEMBER AWARDS	1,360	1,360		
BAD DEBT EXPENSE	1,062	1,062		
SPRING GOLF	13,098	13,098		
SKI DAY	10,795	10,795		
MEDICAL INSUR REIMB	10,000	10,000		
EVENT SALES TAX	4,376	4,376		
CHARITABLE CONTRIBUT	2,000	2,000		
TOTAL	106,230	106,230		

Statement of Program Service Accomplishments**2007 01**

Your Social Security Number

Name(s) as shown on return

PARK CITY AREA HOME BUILDERS ASSOCI

87-0652130

FORM 990, PART III (a)

Grants and Allocations	\$0
Program Service Expenses	\$194385
Includes Foreign Grants	NO

Explanation

PROMOTE MEMBER SERVICES AND PRODUCTS WITH SHOWCASE OF HOMES BUILT BY MEMBERS AND GREEN BUILDING PROGRAM.