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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service**A** For the 2008 calendar year, or tax year beginning **7/01**, 2008, and ending **6/30**, 2009**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Appliance pending

Please use IRS label or print or type. See Specific Instructions.

C
HOUSING TRUST FUND OF JOHNSON COUNTY
322 EAST SECOND STREET
IOWA CITY, IA 52240

D Employer identification number**01-0764462****E** Telephone number**319-358-0212****F** Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) _____**I** Website: **WWW.HTFJC.ORG****J** Organization type (check only one) — ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 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** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ▶ \$ **399,931.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

1	Contributions, gifts, grants, and similar amounts received	1	384,159.
2	Program service revenue including government fees and contracts	2	2,156.
3	Membership dues and assessments	3	
4	Investment income	4	13,616.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (alt sch)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe _____)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	399,931.
10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10	210,250.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	49,248.
13	Professional fees and other payments to independent contractors	13	8,345.
14	Occupancy, rent, utilities, and maintenance	14	2,400.
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe SEE STATEMENT 2)	16	38,093.
17	Total expenses (add lines 10 through 16)	17	308,336.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	91,595.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	812,960.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	904,555.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	605,483.	619,393.
23 Land and buildings		
24 Other assets (describe SEE STATEMENT 3)	208,907.	287,003.
25 Total assets	814,390.	906,396.
26 Total liabilities (describe SEE STATEMENT 4)	1,430.	1,841.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	812,960.	904,555.

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

Form 990-EZ (2008)

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

(Grants \$ 210,250.) If this amount includes foreign grants, check here.

28a

262,129.

29

(Grants \$ _____) If this amount includes foreign grants, check here. _____

29a

30

(Grants \$ _____) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here.

31 a

32 Total program service expenses (add lines 28a through 31a)

32

262,129.

(a) Name and address

(a)	(b) Title and average hours per week devoted to position	(c)	(d)	(e)	(f)	(g)	(h)
1	President	10	10	10	10	10	10
2	Vice President	10	10	10	10	10	10
3	Secretary	10	10	10	10	10	10
4	Treasurer	10	10	10	10	10	10
5	Member	10	10	10	10	10	10
6	Member	10	10	10	10	10	10
7	Member	10	10	10	10	10	10
8	Member	10	10	10	10	10	10
9	Member	10	10	10	10	10	10
10	Member	10	10	10	10	10	10
11	Member	10	10	10	10	10	10
12	Member	10	10	10	10	10	10
13	Member	10	10	10	10	10	10
14	Member	10	10	10	10	10	10
15	Member	10	10	10	10	10	10
16	Member	10	10	10	10	10	10
17	Member	10	10	10	10	10	10
18	Member						

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances

SEE STATEMENT 6

45,265.

0.

0.

Part V Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.

	Yes	No
33		X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.

34		X
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35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a		X
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b If 'Yes,' has it filed a tax return on Form 990-T for this year?

35b		
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36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.

36		X
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a 0.

b Did the organization file Form 1120-POL for this year?

37b		X
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38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38a		X
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b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

38b N/A

39 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a N/A

b Gross receipts, included on line 9, for public use of club facilities

39b N/A

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0., section 4912 0.; section 4955 0.

b 501(c)(3) and (4) organizations. 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,' complete Schedule L, Part I

40b		X
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c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

0.

d Enter amount of tax on line 40c reimbursed by the organization.

0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

40e		X
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41 List the states with which a copy of this return is filed NONE

42a The books are in care of TRACEY ACHENBACH

Telephone no 319-358-0212

Located at 322 EAST SECOND STREET IOWA CITY IA

ZIP + 4 52240

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)?

	Yes	No
42b		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 a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42c		X
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If 'Yes,' enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

☐ N/A
43 N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

45		X
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Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

SEE STATEMENT 7

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II. 46 47 X X
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 X
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X
- b If 'Yes,' was the related organization(s) a section 527 organization? 49b

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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 Date 1/22/10

Signature of officer Date

Type or print name and title, Date

Paid Preparer's Use Only

Preparer's signature Date 1/6/2010

Firm's name (or yours if self-employed), address, and ZIP + 4 Check if self-employed ☐ N/A

Preparer's Identifying Number (See instructions) EIN N/A

Phone no (319) 351-0231

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

BAA

Form 990-EZ (2008)

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

HOUSING TRUST FUND OF JOHNSON COUNTY

Employer identification number

01-0764462

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)(vii). (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?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

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

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

Schedule A (Form 990 or 990-EZ) 2008

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'.)	220,865.	90,903.	291,729.	264,632.	384,159.	1,252,288.
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	220,865.	90,903.	291,729.	264,632.	384,159.	1,252,288.
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						1,252,288.

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.	220,865.	90,903.	291,729.	264,632.	384,159.	1,252,288.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,768.	11,980.	13,527.	21,607.	13,616.	66,498.
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.)						0.
11 Total support. Add lines 7 through 10						1,318,786.
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. ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	95.0 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	96.1 %
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. ☒		
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. ☐		
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. ☐		
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. ☐		
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. ☐		

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 on 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 lines 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. ▶ ☐		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations. Complete Part III.

Name of organization

Employer identification number

HOUSING TRUST FUND OF JOHNSON COUNTY

01-0764462

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures. ► \$
- 3 Volunteer hours.

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ► \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955. ► \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☒ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If 'Yes,' describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds. If none, enter 0.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check ☐ if the filing organization belongs to an affiliated group.
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply

Limits on Lobbying Expenditures –
(The term 'expenditures' means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If 'Yes,' describe in Part IV SEE. PART. IV	X		1,000.
j Total lines 1c through 1i			1,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, question 3 is answered 'Yes.' See Schedule C Instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1I - OTHER ACTIVITIES DESCRIPTION

THE ORGANIZATION IS A MEMBER OF THE IOWA HOUSING TRUST FUND ADVOCATES' NETWORK. A GROUP OF LOCAL TRUST FUND LEADERS AND AFFORDABLE HOUSING PROVIDERS WHICH ADVOCATES FOR POLICIES WHICH CREATE OR SUSTAIN STATE PROGRAMS FOR AFFORDABLE HOUSING. THE PRIMARY PURPOSE OF THE NETWORK IS TO INCREASE AND PRESERVE THE SUPPLY OF AFFORDABLE HOUSING. TO ACCOMPLISH THESE MEANS, THE NETWORK HAS HIRED A LOBBYIST FOR THE 2008

Part IV Supplemental Information (continued)**PART II-B, LINE 11 - OTHER ACTIVITIES DESCRIPTION (CONTINUED)**

IOWA LEGISLATIVE SESSION. THE ORGANIZATION'S SHARE OF THE COST OF THE LOBBYIST IS

\$1,000.00.

Part IV Supplemental Information *(continued)*

HOUSING TRUST FUND OF JOHNSON COUNTY

01-0764462

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	HOUSING REHABILITATION	
DONEE'S NAME:	GINGERICH WELL PUMPING SERVICE	
DONEE'S ADDRESS:	1331 HWY 1	
	KALONA, IA 52247	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 5,000.
CLASS OF ACTIVITY:	HOUSING REHABILITATION	
DONEE'S NAME:	BARNEY CONSTRUCTION	
DONEE'S ADDRESS:	3693 QUARRY HEOGHTS LANE NE	
	NORTH LIBERTY, IA 52317	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 10,000.
CLASS OF ACTIVITY:	HOUSING REHABILITATION	
DONEE'S NAME:	A-1 SIDING	
DONEE'S ADDRESS:	1585 CONESTOGA TRAIL NE	
	SWISHER, IA 52338	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 5,000.
CLASS OF ACTIVITY:	HOUSING REHABILITATION	
DONEE'S NAME:	MARGNER CONSTRUCTION	
DONEE'S ADDRESS:	2017 GRAND AVE SE	
	CEDAR RAPIDS, IA 52403	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 5,000.
CLASS OF ACTIVITY:	ACQUISITION OF GROUP HOME	
DONEE'S NAME:	BUILDERS OF HOPE GLOBAL VILLAGE, INC.	
DONEE'S ADDRESS:	1570 S 1ST AVE STE L	
	IOWA CITY, IA 52240	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 175,500.
CLASS OF ACTIVITY:	DISASTER SUPPORT	
DONEE'S NAME:	IOWA CITY HOUSING AUTHORITY	
DONEE'S ADDRESS:	410 E WASHINGTON ST	
	IOWA CITY, IA 52240	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	DISASTER SUPPORT	
DONEE'S NAME:	MECCA-SUBSTANCE ABUSE SERVICES	
DONEE'S ADDRESS:	430 SOUTHGATE AVE	
	IOWA CITY, IA 52240	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 4,000.

HOUSING TRUST FUND OF JOHNSON COUNTY

01-0764462

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	DISASTER SUPPORT	
DONEE'S NAME:	COMMUNITY MENTAL HEALTH CENTER	
DONEE'S ADDRESS:	507 E COLLEGE STREET	
	IOWA CITY, IA 52240	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,750.

CLASS OF ACTIVITY:	DISASTER SUPPORT	
DONEE'S NAME:	SHELTER HOUSE	
DONEE'S ADDRESS:	114 E PRENTISS STREET	
	IOWA CITY, IA 52240	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,750.

CLASS OF ACTIVITY:	DISASTER SUPPORT	
DONEE'S NAME:	FOUR OAKS	
DONEE'S ADDRESS:	1916 WATERFRONT DRIVE	
	IOWA CITY, IA 52240	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,750.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$ 407.
CONFERENCES, CONVENTIONS, AND MEETINGS	1,339.
DEPRECIATION	402.
DUES AND MEMBERSHIPS	495.
FLOOD ASSISTANCE	12,744.
GRANT REFUND	5,724.
HOUSING RENTAL ASSISTANCE	13,936.
INSURANCE	397.
MISCELLANEOUS	287.
OFFICE EXPENSES	259.
STAFF DEVELOPMENT	1,500.
TELEPHONE	603.
TOTAL	\$ 38,093.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
ACCRUED INTEREST RECEIVABLE	\$ 2,947.	\$ 1,319.
MACHINERY AND EQUIPMENT	432.	30.
NOTES AND LOANS RECEIVABLE	167,061.	256,122.
PLEDGES AND GRANTS RECEIVABLE	37,433.	28,722.
PREPAID EXPENSES AND DEFERRED CHARGES	1,034.	810.
TOTAL	\$ 208,907.	\$ 287,003.

HOUSING TRUST FUND OF JOHNSON COUNTY

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STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,430.	\$ 1,841.
TOTAL	\$ 1,430.	\$ 1,841.

STATEMENT 5
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FIFTEEN HOUSEHOLDS BENEFITTED FROM HOUSING REHABILITATION GRANTS FROM THE ORGANIZATION. THESE GRANTS ARE AVAILABLE TO PROVIDE FUNDS FOR HOUSING REHABILITATION TO HOMES OWNED BY INDIVIDUALS THAT MEET CERTAIN INCOME CRITERIA. THE ORGANIZATION ALSO PROVIDED GRANT FUNDS TO BUILDERS OF HOPE GLOBAL VILLAGE, INC. TO PURCHASE A GROUP TRANSITIONAL LIVING HOME IN IOWA CITY, IOWA. IOWA VALLEY HABITAT FOR HUMANITY, THE HOUSING FELLOWSHIP AND BUILDERS OF HOPE GLOBAL VILLAGE, INC. WERE PROVIDED WITH LOANS FOR THE CONSTRUCTION OF HOMES BEING BUILT FOR QUALIFYING LOW-INCOME FAMILIES AND FOR ACQUISITION OF A GROUP TRANSITIONAL LIVING HOME.

STATEMENT 6
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TRACEY ACHENBACH 322 SECOND STREET IOWA CITY, IA 52240	EXECUTIVE DIREC 40.00	\$ 6,625.	\$ 0.	\$ 0.
ANDY JOHNSON 322 SECOND STREET IOWA CITY, IA 52240	EXECUTIVE DIREC 40.00	38,640.	0.	0.
SCOTT SCHROEDER 322 SECOND STREET IOWA CITY, IA 52240	DIRECTOR 1.00	0.	0.	0.
SALLY STUTSMAN 322 SECOND STREET IOWA CITY, IA 52240	DIRECTOR 1.00	0.	0.	0.
LARRY WILSON 322 SECOND STREET IOWA CITY, IA 52240	DIRECTOR 1.00	0.	0.	0.
CHRIS LEFEVER 322 SECOND STREET IOWA CITY, IA 52240	DIRECTOR 1.00	0.	0.	0.

HOUSING TRUST FUND OF JOHNSON COUNTY

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STATEMENT 6 (CONTINUED)

FORM 990-EZ, PART IV

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JERRY ANTHONY 322 SECOND STREET IOWA CITY, IA 52240	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
MARYANN DENNIS 322 SECOND STREET IOWA CITY, IA 52240	ADVISORY MEMBER 0	0.	0.	0.
BOB BURNS 322 SECOND STREET IOWA CITY, IA 52240	DIRECTOR 1.00	0.	0.	0.
CRISSY CANGANELLI 322 SECOND STREET IOWA CITY, IA 52240	DIRECTOR 1.00	0.	0.	0.
STEVE LONG 322 SECOND STREET IOWA CITY, IA 52240	PRESIDENT-ELECT 3.00	0.	0.	0.
DEAN WHEATLEY 322 SECOND STREET IOWA CITY, IA 52240	DIRECTOR 1.00	0.	0.	0.
KIRSTEN FREY 322 SECOND STREET IOWA CITY, IA 52240	DIRECTOR 1.00	0.	0.	0.
STEVE GORDON 322 SECOND STREET IOWA CITY, IA 52240	DIRECTOR 1.00	0.	0.	0.
JAKE YOUNG 322 SECOND STREET IOWA CITY, IA 52240	TREASURER 3.00	0.	0.	0.
ELLEN HABEL 322 SECOND STREET IOWA CITY, IA 52240	DIRECTOR 1.00	0.	0.	0.
RON MAVRIAS 322 SECOND STREET IOWA CITY, IA 52240	SECRETARY 3.00	0.	0.	0.
BOB DVORSKY 322 SECOND STREET IOWA CITY, IA 52240	PRESIDENT 3.00	0.	0.	0.

HOUSING TRUST FUND OF JOHNSON COUNTY

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STATEMENT 6 (CONTINUED)

FORM 990-EZ, PART IV

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DEE MILLER 322 SECOND STREET IOWA CITY, IA 52240	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
TOTAL		\$ 45,265.	\$ 0.	\$ 0.

STATEMENT 7

FORM 990-EZ, PART VI

REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

6/30/09

2008 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

HOUSING TRUST FUND OF JOHNSON COUNTY

01-0764462

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL. DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
MACHINERY AND EQUIPMENT																
1	COMPUTER AND PRINTER	8/06/04		2,006							2,006	1,573	S/L	5		402
	TOTAL MACHINERY AND EQUIPME			2,006		0	0	0	0	0	2,006	1,573				402
	TOTAL DEPRECIATION			2,006		0	0	0	0	0	2,006	1,573				402
	GRAND TOTAL DEPRECIATION			2,006		0	0	0	0	0	2,006	1,573				402