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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)

OMB No 1545 0047 2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

						a copy or time retarm to de	tiony state reporting			
	For th	e 2008 calend	lar year, c	or tax year begi	nning 7/01	. , 20	08, and ending	6/30		2009
В	Check if	applicable				-	•	D Emplo	yer Identif	cation Number
	Add	dress change	Please use IRS label	COMMUNITY	DEVELOPME	ENT CORP. OF	UTAH	87-	04768	189
	\vdash	me change	or print or type	501 EAST	1700 SOUTH	I			one numb	
	\vdash	ial return	See	SALT LAKE	CITY, UT	84105				
	\vdash		specific Instruc-		·			801	-994-	1222
	\vdash	mination	tions.							
	⊢ Am	ended return		<u> </u>					receipts \$	2,915,418.
	App	olication pending		and address of princ		N FARMER	I .	H(a) Is this a group reti		ates? Yes X No
				AS C ABOVE	1		}	H(b) Are all affiliates in If 'No,' attach a lis		Yes No
1	Tax-	exempt statu	s 🛛 501	(c) (3)	(insert no)	4947(a)(1) or	527	ii ivo, attacii a iis	(See IIISII	uctions)
J	Web	site: ► N/	A					H(c) Group exemption	number >	
ĸ	Type	of organization	X Corpora	ation Trust	Association	Other ►	L Year of Formation			gal domicile UT
	art I	Summa		1,1431	7.5505.61.011	Other	- rear or romane	<u> </u>	State of leg	gai donnelle O1
				anization's mis	sion or most sig	nificant activities.	DEVIET OD S	יוויס אוא א דייסווי	AND 7	VECUDDADI E
0						AND COMMUNI				
, , , j					ดนอดเก็นดีดีกวิ	- WIND COMMIDIATI	TEST WIND	-LKOMOTE 2E	TE-20	ELICIENCI
25.00 90.00	-	1 1170009 0 -	UOME C	WNERSHIP.		- 				
Ze z	2 7									
Fig					erning body (Pai	its operations or dis	posea or more	than 25% of its a	issets.	13
∠ ø						ing body (Part VI, Iir	ne 1h)		4	13
≅				yees (Part V, III		ing body (i ait vi, iii	ic 10)		5	15
ЩŞ	1			eers (estimate i	•				6	0
4	1				• •	line 12, column (C)			7a	0.
SCANNED APP 2 3 2010 Activities & Governance 2010	1				from Form 990				7b	0.
Q						.,		Deine Voor	'	
W)	8 (Contributions	and aran	to (Don't VIII In	a 16V			Prior Year		Current Year
95				ts (Part VIII, lin	•	RECEI	VED	1,062,	340.	1,256,511.
Revenue		_		ue (Part VIII, lir	•				202	2 000
Ş					(A) lines 3 4. a		2010 Solution 12)	140	002.	2,998.
						od, Soc. , aAPRex0_5	2010	148,		-63,721.
						att♥(II, column (A),	ine 12) 92	1,235,	815.	1,195,788.
					IX, column (A),					317,087.
						line 4) OGDEN				
g	15 5	Salaries, othe	r comper	sation, employ	ee benefits (Part	t X, column (A), line	s 5-10)	757,	600.	864,701.
Expenses	16a F	Professional f	fundraisin	g fees (Part IX,	column (A), line	e 11e)				
ğ.	ь	Total fundrais	ıng exper	nses (Part IX, c	olumn (D), line 2	(5) ►	56,973.			
Ű				· ·	lines 11a-11d, 1			812,	251	302,930.
					·	column (A), line 25)		1,569,		1,484,718.
	l					Joidinii (A), lille 25)				
		revenue less	expenses	s. Subtract line	18 from line 12			-334,		-288,930.
Assets or d Balancos								Beginning of `		End of Year
a a	20	Total assets (-				5,925,		6,210,353.
\$ E	21	Fotal liabilities	s (Part X,	line 26)				2,984,	175.	3,603,234.
Z.C		Vet assets or	fund bala	inces. Subtract	line 21 from line	20		2,941,	794.	2,607,119.
Pa	ırt II	Signatu	ire Bloc	ck						
		Under penalties	s of perjury,	I_d∂clare that I have	examined this return	, including accompanying ser) is based on all informat	schedules and state	ements, and to the bes	t of my kno	wledge and belief, it is
		true, correct	nd complete	Peclaration of prep	pacer (other than office	er) is based on all informat	ion of which prepai	rer has any knowledge	/	and Daniel, it is
Sig	n	 	2011	m	TRADAR \			1.3/	21/	16
He		Signature	of officer		(Date	<i></i>	
		•) A L	Inn	mer	0.50				
		Type or pr	int name and		VIICA_					
		 					Date	12	Prer	arer's identifying number
Pa	id	İ					Date	Check if self	(see	parer's identifying number instructions)
Pro		Preparer's signature	► TOR	T DOMBORTO			2/20/10	employed •	Ш.,	_
	rer's			I POTESTIC			3/29/1C)	N/	A
Ūs		Firm's name (o			ICE & COMPA					
Or		employed), address, and		5 E LION I				EIN ► 1	I/A	
	-	ZIP + 4	SAL	r lake cit	Y, UT 8412	21		Phone no	(801)	733-5055
Ma	the IR	RS discuss thi	s return v	vith the prepare	r shown above?	(see instructions)				X Yes No
						the separate instruc	tions.	TEFA0112	12/22/0	Form 990 (2008)

Form 990 (2008) COMMUNITY DEVELOPMENT CORP. OF UTAH	87-0476	889		Page 2
Part III Statement of Program Service Accomplishments (see instructions)				
1 Briefly describe the organization's mission: <u>DEVELOP SUSTAINABLE AND AFFORDABLE HOUSING, REVITALIZE NEIGHBORH AND PROMOTE SELF-SUFFICIENCY THROUGH HOME OWNERSHIP.</u>	OODS AND	<u>COMMU</u>	NITI	ES,
2 Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	prior	Yes	X	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	s? [Yes	X	No
 If 'Yes,' describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported. 	expenses. Sec locations to oth	tion 501(ers, the t	(c)(3) total	
4a (Code:) (Expenses \$ 409,597. including grants of \$ 317,087.) (F DOWNPAYMENT ASSISTANCE - PROVIDED DOWNPAYMENT ASSISTANCE GRANTS MODERATE INCOME FAMILIES.	Revenue \$_ TO_41_LOW		L2,4	90.)
		- 		
		-	 	
4b (Code:) (Expenses \$ 398,442. including grants of \$) (F NEIGHBORHOOD HOMEOWNERSHIP PROGRAM - CONSTRUCTED AND/OR REHABILI PROJECTS TO SELL TO LOW AND MODERATE INCOME FAMILIES OF WHICH 11 AND SOLD.		HOME_	D AN	
4c (Code:) (Expenses \$ 246,574. including grants of \$) (F	Revenue \$	 	 	
HOMEBUYER & FORECLOSURE MITIGATION COUNSELING & EDUCATION - PROVIDENCE OUNSELING SERVICES TO OVER 805 HOUSEHOLDS WITH LOW TO MODERATE		NCIAL 	- - - - - - - - -	
		-	 	
4d Other program services. (Describe in Schedule O) SEE SCHEDULE O				
(Expenses \$ 132,977. including grants of \$) (Revenue \$ 4e Total program service expenses ► \$ 1.187.590. (Must equal Part IX. Line 25. column (B)		<u>,844.</u>)	

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
	Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
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? If 'Yes,' complete Schedule C, Part III	5		
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? If 'Yes,' complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
	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>	9	Х	
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Х	ļ
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? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		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.? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		Х
24 a	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? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, go to question 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
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? If 'Yes,' complete Schedule L, Part III	27		х
BAA		Forn	990	(2008)

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.			
ā	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)? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
(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? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
BAA		Form	990 ((2008)

TEEA0104L 12/18/08

Statements Regarding Other IRS Filings and Tax Compliance Part V 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 1 a 4 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 15 calendar year ending with or within the year covered by this return 2a 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х 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? Х За b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X **b** If 'Yes,' enter the name of the foreign country: See 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? 5a X 5Ы b Did any taxable party notify the organization that it was or is a party to a prohibited tay shelter transaction? c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Х 6a 6a Did the organization solicit any contributions that were not tax deductible? **b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any guid pro quo contribution of more than \$75? 7a Х b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X benefit contract? 7 e Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? X 7h 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? 8 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make any distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. a Gross income from other members or shareholders. 11 a

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year BAA

amounts due or received from them.)

Form 990 (2008)

12a

11_b

12b

b Gross income from other sources (Do not net amounts due or paid to other sources against

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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

Sec	ction A.	Governing	Body an	d Manag	<u>jement_</u>								
	For each	n 'Yes' response es, or changes ır	to lines 2-7 n Schedule	⁷ b below, a O. See in:	and for a 'N structions.	lo' response	e to lines 8	or 9b below, o	describe the circ	cumstances,		Yes	No
1:	a Enter the	e number of voti	ng member	s of the go	overning bo	dy			1a	1	3		
	b Enter the	e number of voti	ng member	s that are	ındepender	nt			1b	1	3		
2	Did any of officer, d	officer, director, lirector, trustee (trustee, or or key empl	key emplo loyee?	yee have a	family rela	ationship or	a business re	lationship with a	any other	2		х
3	Did the o	organization dele rs, directors or tr	egate contro	ol over man	nagement o	duties custo nanagemen	omarily peri	ormed by or u	inder the direct	supervision	3		х
4	Did the o	organization mak prior Form 990	ke any signi		•	•		•			4		X
5		organization beci		during the	voor of a i	matarial du	orcion of H	o organization	ala accada?		5		х
6		organization ha				ilateriai div	reision or u	ie organizatioi	13 033613:		6		X
		organization ha				ther person	ns who may	elect one or i	nore members	of the	7a		Х
1	•	decisions of the	governing l	body subje	ect to appro	val by mem	nbers stoc	kholders or of	her nersons?		7 b		X
8		organization cont	-		• • •	-		•	•	a voor by	7.5		
_	the follov	wing erning body?	temporanec	usiy docu	ment the m	reetings ner	iu or writter	i actions unde	rtaken during ti	le year by	0.0	v	
	•	erning body: mmittee with aut	horsty to ac	t on hehal	f of the an	ornina hodi	w2				8a	X	
		organization ha	-		•	• .	y:				8b 9a	^	X
	b If 'Yes,' o	does the organiz	zation have	written po	licies and p	rocedures (governing	he activities o	f such chapters	, affiliates,			
10	Was a co	oches to ensure to opy of the Form on Schedule O t	990 provide	ed to the o	rganization	's governing	g body befo	ore it was filed	? All organizatio	ons must	9b	Х	
11	Is there a	any officer, direction's mailing ad	ctor or trust	ee, or key	employee l	listed in Pai	rt VII, Sect	ion A, who cai			11		Х
Sec		Policies	· · · · · · · · · · · · · · · · · · ·										
												Yes	No
12:	a Does the	organization ha	ave a writter	n conflict c	of interest p	olicy? If 'No	o,' go to lin	e 13			12a	Х	
1	b Are office to conflic	ers, directors or cts?	trustees, a	nd key em	ployees red	quired to dis	sclose ann	ually interests	that could give	rıse	12b	х	
•	c Does the Schedule	e organization re e O how this is a	gularly and	consistent SEE SCI	tly monitor HEDULE	and enforce	e complian	ce with the pol	ıcy? If 'Yes,' de	scribe in	12c	х	
13	Does the	organization ha	ave a writter	ı whistlebl	ower policy	7					13		X
14	Does the	organization ha	ave a writter	ı documer	nt retention	and destru	ction policy	?			14		X
15	Did the p persons,	process for deter comparability d	mining com ata, and co	ipensation ntemporar	of the follo	wing persoitantiation of	ons include f the delibe	a review and a	approval by inde	ependent			
	a The orga	inization's CEO,	Executive (Director, o	r top mana	gement offic	icial?				15a	Х	
l	b Other off	icers of key emp	oloyees of t	he organız	ation? S	EE SCHE	DULE O				15b		X
	Describe	the process in S	Schedule O	. (see insti	ructions)								
16	a Did the o entity dui	organization inve ring the year?	st in, contri	bute asset	ts to, or par	rticipate in a	a joint vent	ure or similar	arrangement wi	th a taxable	16a		Х
ı	in joint ve	has the organiza enture arrangem th respect to suc	nents under	applicable	n policy or perfect tax	orocedure re x law, and t	equiring the taken steps	e organization to safeguard	to evaluate its the organization	participation n's exempt	16ь		
Sec		Disclosures								-	1 1-4-		
17	List the s	states with which	a copy of	his Form	990 is requi	red to be fi	ıled ► NO	ONE					
18	Section 6	5104 requires an in Indicate how	organizatio you make t	on to make hese avail	e its Forms lable. Checl	k a <u>ll t</u> hat ap	D24 if applications of the contraction of the contr	able), 990, an	d 990-T (501(c)	(3)s only) ava	alable f	or pub	olic
	U Own	website	Anoti	her's webs	site	X Upo	n request						
		in Schedule O v nts available to the											cial
20	State the	name nhysical	laddrace a	بطحمامة امس		of the nere	son who no	ssesses the h	ooks and record	ds of the oras	nizatio	n:	
											111124110		
		FARMER 501										· -	

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

- 1a 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 no		sate ar	ny o			irector	, tru		<u> </u>	
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	institutional trustee	Check Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
ALICE STEINER PRESIDENT	1	х		Х				0.	0.	0.
GEORGE COBURN VICE PRESIDENT	1	Х		Х				0.	0.	0.
CHERYL COOK SECRETARY	1	Х		Х				0.	0.	0.
DENNIS ASTILL BOARD MEMBER	1	Х						0.	0.	0.
GREG CHAPMAN BOARD MEMBER	1	Х						0.	0.	0.
JAREN DAVIS BOARD MEMBER	1	Х						0.	0.	0.
SYDNEY FONNESBECK BOARD MEMBER	1	Х						0.	0.	0.
TOM GODFREY BOARD MEMBER	1	Х						0.	0.	0.
MARK HAFEY BOARD MEMBER	1	Х						0.	0.	0.
DANIEL LOFGREN BOARD MEMBER	1	X						0.	0.	0.
KENNETH ROBERTSON BOARD MEMBER	1	Х						0.	0.	0.
JOANN SEGHINI BOARD MEMBER	1	Х						0.	0.	0.
JANE SHOCK BOARD MEMBER	1	х						0.	0.	0.
DARIN BRUSH EXECUTIVE DIREC	40			Х				101,911.	0.	0.
JOHN FARMER CFO	40			х			_	86,525.	0.	0.
	_									

Part VII Section A. Officers, Directors, Trus	tees, l	Кеу	Er	npl	oye	ees	, ar	nd Highest Co	mpensated Em	ploye	es (c	ont.)
(A)	(B)			(4				(D)	(E)		(F)	_
Name and Title	Average hours		tion (Reportable compensation from	Reportable compensation from		stimated	
	per week	or di	İnst	Officer	ξe _y	Highest cor	Former	the organization (W-2/1099 MISC)	related organizations (W 2/1099 MISC)	con	unt of of opensati rom the	ion
		dividual	tra	ğ	en	lest o	ner	(W-2 1099 WIGC)	(W 2 1033 WIISC)	org	janizatio nd relate	on
		Individual trustee or director	nal t		employee	comp					anizatio	
		stee	nstitutional trustee		, ro	ens						
	}		1 %			ated						
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			L		L							
1b Total							>	188,436.	0.			0.
2 Total number of individuals (including those in 1a) wi	no recei	ved	moi	re th	an S	\$100	0,000	0 in reportable coi	mpensation from the	•		
organization ► 1								<u></u>			<u> </u>	r
											Yes	No
3 Did the organization list any former officer, director of	r truste	e, ke	еу е	mpl	oye	e, or	hig	hest compensated	d employee			.,
on line 1a? If 'Yes,' complete Schedule J for such in				1						3		X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable an \$150	com),000	pen)? If	Satio 'Ye	on a s' c	ina (omp	otne lete	r compensation ir Schedule J for su	om ich			
ındıvıdual	•					•				4		X
5 Did any person listed on line 1a receive or accrue co	mpensa	ation	froi	m ar	ny u	nrela	ated	organization for	services			
rendered to the organization? If 'Yes,' complete Sch	edule J	for s	such	per	śon					5		<u> X</u>
Section B. Independent Contractors	dd		1			1	11 4		#100 000 · (
 Complete this table for your five highest compensate compensation from the organization. 	a inaep	enae	ent	cont	ract	ors i	ınat	received more th	an \$100,000 of			
								(B)		-	~`	
(A) Name and business address	dress							(B) Description (of Services	Compe	C) Insatio	n
JR REMODELING 2788 W 9435 S SOUTH JORDAN, UT	UT 84095							CONSTRUCTION				340.
PERFORMANCE CONSTRUCTION 3975 S HIGHLAND DR S		AKE	CI	ΓΥ,	UT	841	124	CONSTRUCTION				140.
RON HARTFORD PAINTING PO BOX 12906 OGDEN, UT					CONSTRUCTION		16,1					
V BAR CONSTRUCTION 970 W 4800 S TAYLORSVILLE,	UT 8	4123	3					CONSTRUCTION			56,6	
												
2 Total number of independent contractors (including the	hose ın	1) w	ho i	rece	ived	l mo	re ti	han \$100,000 in				
compensation from the organization ► 4									t			

Pa	rt 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
PROGRAIA SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1 a 1 b 1 c 1 d 985,027.				
CONTRIB AND OT	similar amounts not included above 1f 271, 484. g Noncash contributed in lns 1a-1f: \$ h Total. Add lines 1a-1f	1,256,511.			•
-B	Business Code				
E REVEN	2a b				
. <u>₹</u>	c				
1 SE	d				
RAI	e				
806	f All other program service revenue			-	
<u> </u>	g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and other similar amounts)	13,759.			13,759.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal 6a Gross Rents	777			
	b Less. rental expenses				
	c Rental income or (loss)				
	(i) Securities (ii) College (iii)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 153, 845.				
	b Less cost or other basis and sales expenses 163, 991. 615. c Gain or (loss) -10,146615.				
	d Net gain or (loss)	-10,761.			-10,761.
IUE	8a Gross income from fundraising events (not including \$	10,701.			10,701.
OTHER REVENU	of contributions reported on line 1c). See Part IV, line 18 a				
Ŧ	b Less. direct expenses. b				
٠	c Net income or (loss) from fundraising events			·····	··
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less. direct expenses. b				
	c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 1, 460, 044.				· · · · · · · · · · · · · · · · · · ·
	b Less: cost of goods sold b 1,555,024.				
	c Net income or (loss) from sales of inventory	-94,980.	-94,980.		
	Miscellaneous Revenue Business Code	22,700	2., 200.	······································	······
	11a_OTHER	31,259.	31,259.	: 	
	b				
	С				
	d All other revenue				
	e Total. Add lines 11a-11d	31,259.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	1,195,788.	-63,721.	0.	2,998.

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1			expenses	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	317,087.	317,087.	···· · · · · · · · · · · · · · · · · ·	1
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	196,918.	140,114.	46,076.	10,728.
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	440,289.	313,280.	103,022.	23,987.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	55,686.	39,622.	13,030.	3,034.
9	Other employee benefits	119,315.	84,897.	27,918.	6,500.
10	Payroll taxes	52,493.	37,350.	12,283.	2,860.
11	Fees for services (non-employees)				
a	Management				
t	Legal				
•	: Accounting				
C	Lobbying				
E	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
ç	Other	80.			80.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	21,603.	17,604.	3,169.	830.
17	Travel	18,954.	10,599.	8,355.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,056.	3,247.	1,561.	248.
20	Interest	13,415.	10,277.	2,322.	816.
21	,				
22	Depreciation, depletion, and amortization	42,891.	38,665.	3,127.	1,099.
23	Insurance.	4,381.	3,296.	803.	282.
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.)			# # # # # # # # # # # # # # # # # # #	
	PROFESSIONAL FEES	51,347.	38,624.	9,415.	3,308.
	NEIGHBORHOOD HOMEOWNERSHIP	49,806.	49,806.		
	AFFORDABILITY PROJECT	29,587.	29,587.		
	SUPPLIES	24,991.	20,271.	3,483.	1,237.
	REPAIR & MAINTENANCE	19,361.	15,518.	2,844.	999.
f	All other expenses	21,458.	17,746.	2,747.	965.
25	Total functional expenses Add lines 1 through 24f	1,484,718.	1,187,590.	240,155.	56,973.
26	Joint Costs. Check here 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.				
BAA		· · · · · · · · · · · · · · · · · · ·	L		Form 990 (2008)

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	316,792.	1	137,246.
	2	Savings and temporary cash investments	194,186.	2	64,944.
	3	Pledges and grants receivable, net	345,783.	3	472,430.
	4	Accounts receivable, net		4	
	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))		1 1	
Δ		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
A S E T	7	Notes and loans receivable, net		7	
Ĕ	8	Inventories for sale or use .	3,619,647.	8	4,252,974.
Ś	9	Prepaid expenses and deferred charges	20,711.	9	30,145.
	10a	Land, buildings, and equipment. cost basis 10a 1,084,962.		1 1	
	b	Less: accumulated depreciation. Complete Part VI of			
		Schedule D 253, 867.	844,297.	10 c	831,095.
	11	Investments — publicly-traded securities	347,884.	11	153,333.
	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	236,669.	15	268,186.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,925,969.	16	<u>6,210,353.</u>
	17	Accounts payable and accrued expenses	213,312.	17	375,036.
	18	Grants payable		18	
	19	Deferred revenue.	<u> </u>	19	··
Ī	20	Tax-exempt bond liabilities		20	
A B I	21	Escrow account liability. Complete Part IV of Schedule D	1,500.	21	500.
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	:		
E		of Schedule L		22	
S	23	Secured mortgages and notes payable to unrelated third parties	2,167,742.	23	2,579,089.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	601,621.	25	648,609.
_	26	Total liabilities. Add lines 17 through 25	2,984,175.	26	3,603,234.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines			
		27 through 29 and lines 33 and 34.	0.760.000	- 1	
ANNETS	27	Unrestricted net assets	2,763,800.	27	2,424,329.
Į	28	Temporarily restricted net assets	177,994.	28	182,790.
Q R	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ► and complete			
H DZD	20	lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
ķ	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds	0 041 704	32	0.605.410
BALAZCES	33	Total net assets or fund balances.	2,941,794.	33	2,607,119.
	34	Total liabilities and net assets/fund balances	5,925,969.	34	6,210,353.
1 9	ırt XI	Financial Statements and Reporting			·
1	Acc	counting method used to prepare the Form 990: Cash X Accrual	Other		Yes No
2	a We	re the organization's financial statements compiled or reviewed by an independent ac	countant?		2a X
	b We	re the organization's financial statements audited by an independent accountant?			2b X
	rev	es' to 2a or 2b, does the organization have a committee that assumes responsibility lew, or compilation of its financial statements and selection of an independent accour	ntant?		2c X
3	a As Aud	a result of a federal award, was the organization required to undergo an audit or aud tit Act and OMB Circular A-133?	its as set forth in the S	ıngle	3a X
_		es,' did the organization undergo the required audit or audits?			3b X
RΔ	Δ				Form 990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

		LOPMENT CORP. OF							476889			
Parl	Reason fo	r Public Charity Stat	us (All organizations	s must	compl	ete th	is part	.) (see	ınstru	ctions)		
The o	organization is not	a private foundation becai	use it is. (Please check or	nly one o	rganiza	tion)						
1	A church, con	vention of churches or ass	sociation of churches desc	cribed in	section	170(b)(1)(A)(i).					
2	A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E	Ξ.)		, . ,						
3	\vdash	cooperative hospital service		•	n 170/b	Υ1 ΥΑΥίί	i i) . (Atta	ach Sche	edule H.)			
4		earch organization operate	-								utal's	
	name, city, an		a in conjunction into a tr	oopna. a	000,,000	5551		(-)(-)(-)	(,	or 1110 1100p	itai 5	
5	An organization	on operated for the benefit (). (Complete Part II)	of a college or university	owned	or opera	ited by a	govern	nmental	unit desc	ribed in se	ction	
6 7	X An organization	te, or local government or on that normally receives a	a substantial part of its su					or from	the gene	ral public o	describ	ed
•	F 1	(b)(1)(A)(vi). (Complete P	•									
8		trust described in section			-							
9	from activities investment inc	on that normally receives, related to its exempt functione and unrelated busines. See section 509(a)(2).	tions — subject to certain ess taxable income (less s	exception	ons, and	l (2) no i	more th	an 33-1/	3 % of it	s support f	rom or	ross
10	An organization	on organized and operated	exclusively to test for pu	blic safe	ty. See	section	509(a)(4	4). (see	instructio	ons)		
11	An organization	on organized and operated supported organizations type of supporting organi	l exclusively for the benef described in section 509(a	it of, to pay(1)	erform	the func 09(a)(2)	tions of	. or carr	v out the	purposes	of one box tl	or hat
	a	b Type II	c 🗌 Type II	l – Fund	ctionally	integrat	ed		d 🗌	Type III-	Other	
е	By checking the than foundation 509(a)(2).	nis box, I certify that the o on managers and other tha	rganization is not controlle in one or more publicly su	ed direct ipported	ly or ind organiz	lirectly b ations d	y one o escribe	r more o d in sect	disqualification 509(a	ed persons a)(1) or sec	s other ction	r
f	If the organiza check this box	ition received a written de	termination from the IRS	that is a	Type I,	Type II	or Type	III supp	orting or	ganızatıon,		
g	Since August	17, 2006, has the organiza	ation accepted any gift or	contribu	ution froi	m arıy υ	f the fol	lowing p	ersons?			_
											Yes	No
	below, th	n who directly or indirectly ne governing body of the s	supported organization?	ogether	with per	sons de	scribed	ın (ıı) aı	nd (III)	11 g (i)		
	(ii) a famıly	member of a person des	cribed in (i) above?							11 g (ii)		
		ontrolled entity of a persor	• • • • • • • • • • • • • • • • • • • •							_11 g (iii)		
<u>h</u>	Provide the fo	llowing information about	the organizations the orga	anization	support	ts.						
	(i) Name of Supporte Organization	d (ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed	ls the ion in col in your irning ment?	the organ	ou notify sization in (i) of ipport?	organizat	s the ion in col zed in the S ?	(vii) Amoun	t of Sup	port
				Yes	No	Yes	No	Yes	No			
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Total			#									
544	Fam Dation of A	15 15 1										

87-0476889 Page 2 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 (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 1,349,154. 1,280,297. 1,103,285 .393.736 1,256,511 6,382,983. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. 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. 1,393,736. 1,349,154. 1,280,297. 1,103,285. 1,256,511 Total. Add lines 1-3 6,382,983. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line i that exceeds 2% of the amount shown on line 11, column (f) 0. Public support. Subtract line 5 from line 4 6,382,983. Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 393,736 349,154. 280,297 103,285 7 Amounts from line 4 256,511 6,382,983. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 31,634 71,007 similar sources 49,146 25,002 3,613 180,402. Net income form unrelated business activities, whether or not the business is regularly carried on 0. Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV) SEE PART IV 39,827 8,702 21,352 34,934 31,259 136,074. 11 Total support. Add lines 7 through 10 6,699,459. 12 Gross receipts from related activities, etc. (see instructions) 17,263,346. 12 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 95.3% 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 95.2% 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 **►** X 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.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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 (d) 2007 (c) 2006 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form 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 inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12) 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 27q. 16 % Section D. Computation of Investment Income Percentage 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

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

Schedule A	(Form 99	0 or 99	0-EZ) 2	2008	COM	<u>INUN</u>	ry di	EVEI	OPMI	ENT	COR	<u>P. (</u>	OF [UTAH		8	7-04	17688	39		Page 4
Part IV	Supple Part II,	ment line 1	al Info 7a or	ormati 17b;	ion. C or Pa	compl art III,	lete ti Iine	his p 12. F	art to	prode a	ovide ny o	the ther	exp add	olana litiona	tion r al info	equir ormat	ed b	y Par (see	t II, lii instru	ne 10 iction:	; s)
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COMMUNITY DEVELOPMENT CORP. OF UTAH

Schedule A (Form 990 or 990-EZ) 2008

87-0476889

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545 0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection Employer Identification number

COMMUNITY DEVELOPMENT CORP. OF UTAH	87-0476889
Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac	counts Complete if
the organization answered 'Yes' to Form 990, Part IV, line 6.	<u> </u>
(a) Donor advised funds (b) F	unds and other accounts
1 Total number at end of year	
2 Aggregate contributions to (during year)	
3 Aggregate grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit??	∏Yes ∏ No
Part !! Conservation Easements Complete if the organization answered 'Yes' to Form 9	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or pleasure)	ally important land area
Protection of natural habitat Preservation of certified his	storic structure
Preservation of open space	
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation that a year.	ation easement on the last day
	Held at the End of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the org year ►	anization during the taxable
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds?	Yes No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$	
B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	Yes No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense sta include, if applicable, the text of the footnote to the organization's financial statements that describes the oconservation easements.	tement, and balance sheet, and rganization's accounting for
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	milar Assets
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance treasures, or other similar assets held for public exhibition, education, or research in furtherance of public the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance treasures, or other similar assets held for public exhibition, education, or research in furtherance of public amounts relating to these items.	
(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	►\$ ►\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial ga amounts required to be reported under SFAS 116 relating to these items	in, provide the following
a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	<u> </u>

20	no
ZU	υo

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

COMMUNITY DEVELOPMENT CORP. OF UTAH

87-0476889

PART II.	LINE 10 -	OTHER	INCOME
----------	------------------	--------------	---------------

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER TO	31,259	. 34,934.	21,352.	8,702.	39,827.
	OTAL \$ 31,259	\$ 34,934.	\$ 21,352.	\$ 8,702.	\$ 39,827.

	UNITY DEVELOR			87-047		Page 2
Part III Organizations Mainta	aining Collection	ns of Art, Histo	orical Treasures,	or Other Similar As	sets (cor	itinued)
 Using the organization's accession that apply). 	on and other records	, check any of the	following that are a si	gnificant use of its collec	tion items (check all
a Public exhibition		d Loan o	or exchange programs			
b Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the orga Part XIV.		and explain how	they further the organi	zation's exempt purpose	ın	
5 During the year, did the organiza assets to be sold to raise funds r	ition solicit or receive ather than to be ma	e donations of art, intained as part of	historical treasures, or the organization's coll	r other similar ection?	Yes	No
Part IV Trust, Escrow and Co	ustodial Arrange an amount on f	ements Compl Form 990, Part	lete if organization t X, line 21.	answered 'Yes' to	Form 990), Part
1a Is the organization an agent, trus included on Form 990, Part X?				er assets not	Yes	XNo
b If 'Yes,' explain the arrangement	in Part XIV and con	onlete the followin	o table	'		110
b ii 103, explain the arrangement	in rait XIV and con	ipiete trie ionowiri	g table.		Amount	
c Beginning balance				1c	Antount	
d Additions during the year				1d		
e Distributions during the year				1e		
Finding balance				16		
2a Did the organization include an a	mount on Form 990	Part Y June 212			X Yes	No
b If 'Yes,' explain the arrangement		EE PART XIV	•	1	A les	
Part V Endowment Funds Co				990 Part IV line 10	1	
Taxe V Endowment and Sec	(a) Current year	(b) Prior year	· · · · · · · · · · · · · · · · · · ·		1	years back
1 a Beginning of year balance	(a) current year	(b) i i loi year	(C) Two years bac	(u) Tillee years back	i (e) rour	tais back
b Contributions		 			<u> </u>	
c Investment earnings or losses		-				
d Grants or scholarships					 	
•					 	
Other expenditures for facilities and programs		<u> </u>			<u> </u>	
f Administrative expenses		<u> </u>			<u> </u>	
g End of year balance					<u>. I</u>	
2 Provide the estimated percentag	•	lance held as.				
a Board designated or quasi-endov	-	%				
b Permanent endowment ►	 -*					
c Term endowment	<u></u> 8					
3a Are there endowment funds not	n the possession of	the organization tl	hat are held and admin	stered for the		
organization by.					Ye	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ıı), are the related of	•	•			3b	
4 Describe in Part XIV the intender						
Part VI Investments-Land, E						
Description of investmen		st or other basis investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book	
1 a Land			255,677.			55,677.
b Buildings			613,806.	121,277.	49	<u>92,529.</u>
c Leasehold improvements						
d Equipment			215,479.	132,590.		32,889.
e Other						
Total. Add lines 1a-1e (Column (d) sho	ould equal Form 990,	Part X, column (I	B), line 10(c))	>	83	31,095.
BAA				Sched	lule D (Form	990) 2008

Schedule D (Form 990) 2008 COMMUNITY DEVELOPY Part VII Investments—Other Securities See F			Page 3
	(b) Book value	c) Method of valuation	
(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year market value	
Financial derivatives and other financial products			
Closely-held equity interests		·····	
Other			
			•••
			-
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments—Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
		oost of one of your market value	
		· · · · · · · · · · · · · · · · · · ·	
			
			
Total Column (b)(should equal Form 990, Part X, Col. (B) line 13)			
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
	escription	(b) Book va	alue
	_		
			
Total. Column (b) Total (should equal Form 990, Part X, col	(B), line 15)	>	•
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
GOVERNMENT PAYABLES	648,384		
OTHER	225	.	
		_	
		4	
		_	
		_	
		-	
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	► 648,609		

Schedule D (Form 990) 2008 COMMUNITY DEVELOPMENT CORP. OF UTAH

87-0476889

		7-0476889	Page 4
Par	······································		
1	Total revenue (Form 990, Part VIII,column (A), line 12)	1	1,195,788.
2	Total expenses (Form 990, Part IX, column (A), line 25)		484,718.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-288,930.
4	Net unrealized gains (losses) on investments .		-45,745.
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		-45,745.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		-334,675.
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	001,0,01
1			,150,043.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
	Net unrealized gains on investments 2a -45,745.		
	Donated services and use of facilities 2b	7 1	
	Recoveries of prior year grants 2c	1 1	
	Other (Describe in Part XIV).	1 1	
	Add lines 2a through 2d	ન ₃ી	-45,745.
3		2e 3 1	.,195,788.
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1	3 1	.,193,700.
	Investments expenses not included on Form 990, Part VIII, line 7b	-	
	Other (Describe in Part XIV).	-	
	Add lines 4a and 4b	4c	105 700
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		.,195,788.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret		404 710
	Total expenses and losses per audited financial statements		.,484,718.
	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
	Donated services and use of facilities 2a	4 1	
	Prior year adjustments 2b	4 1	
	Losses reported on Form 990, Part IX, line 25.	_	
	Other (Describe in Part XIV).	.	
e	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3 1	,484,718.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investments expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV).]	
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 1	,484,718.
Par	t XIV Supplemental Information		
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, I, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY EARNEST MONEY HELD AT YEAR END FOR HOMES UNDER CONTRACT		
 		·	
BAA	TELESCOLI 10/200	Cohedul B 7	Form 000) 2003
	TEEA3304L 12/23/08	Surequie D (I	Form 990) 2008

Schedule D (Form 990) 2008 Past XIV Supplemental Information (continued)	Page 5
Part XIV Supplemental Information (continued)	
	- -
	-
	<u>-</u>
	. -
	·

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part | General Information on Grants and Assistance

COMMUNITY DEVELOPMENT CORP.

OF UTAH

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number 87-0476889

× Schedule I (Form 990) 2008 **≥** (h) Purpose of grant or assistance Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (g) Description of non cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance?

the selection criteria used to award the grants or assistance? : SEE PART IV (f) Method of valuation (book, FMV, appraisal, other) TEEA3901L 12/19/08 (e) Amount of non cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations (b) EIN Enter total number of other organizations 1 (a) Name and address of organization 1 1 1 1 1 1 1 1 1111 1 1 1 1 1 1 1 1 1 or government 111111 1 1 11111 1 1 1 1

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY DEVELOPMENT CORP. OF UTAH

Related Organizations and Unrelated Partnerships

2008

OMB No 1545 0047

Open to Public Inspection

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.

Employer identification number 87-0476889

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
CDC HOMES LLC 501 EAST 1700 SOUTH					COMMUNITY
UT 84105	REAL ESTATE BROKERAGE	UT	53, 358.	0	DEVELOPMENT CORP. OF UTAH
Part II Identification of Related Tax-Exempt Organizations	suc				
(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
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ructions for Form 990.]T	TEEA5001_ 12/23/08	Sched	Schedule R (Form 990) (2008)

87-0476889

Schedule R (Form 990) 2008 COMMUNITY DEVELOPMENT CORP. OF UTAH

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Part III

المسترين والمسترين)			•					
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or	(C) (D) Legal Direct domicile controlling entity (state or	(E) Predominant Income (related, Investment,	Share of total income	(G) Share of end-of-year assets	Disproportionate	Code V-UBI amount in Box 20 of Schedule	(J) General or managing partner?
		country)					Yes No	(Form 1065)	Yes No
							<u> </u>		
	- 1								

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(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)	(B) (C) (D) (D) Type of entity (C) corp. S corp. (C) (C) (C) corp. S country) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(G) Share of end-of-year assets	(H) Percentage ownership
; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	_						
1							
ВАА		TEEA5002L 12/23/08	1/23/08			Schedule R (Form 990) (2008)	990) (2008)

Page 3

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	No S
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.			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity.		1a	×
b Gift, grant, or capital contribution to other organization(s)		1 b	×
c Gift, grant, or capital contribution from other organization(s)		1c	×
d Loans or loan cuarantees to or for other organization(s)		19	×
	•		>
e Loans or loan guarantees by other organization(s)	:	a	×
f Sale of assets to other organization(s)		-	×
		1a	×
Tarings of assistant of gameanough	•	u 4	: >
	.,	=	<u>:</u>
i Lease of facilities, equipment, or other assets to other organization(s)		:	×
I Lease of facilities, equipment, or other assets from other organization(s)		=	×
k Performance of services or membership or fundraising solicitations for other organization(s)	•	1k	×
Performance of services or membership or fundraising solicitations by other organization(s)		=	×
m Sharing of facilities, equipment, mailing lists, or other assets		1m	×
n Sharing of paid employees		1n	×
Doumburgoment to other erreption for evenences			×
U Meiritual Settietik pala tu Outrel Organization For expenses	•	2 1	 >
p Keimbursement paid by other organization for expenses		-	۲
q Other transfer of cash or property to other organization(s)		19	×
r Other transfer of cash or property from other organization(s)		11	×
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	tion thresholds.		
(A) Name of other organization type	(B) Transaction Artype (a-r)	(C) Amount involved	lved
(1)			
(2)			
(3)			
(4)			:
(5)			
(9)			
BAA TEEA5003L 07/02/08	Schedule R (Form 990) (2008)	(Form 990)	(2008)

Schedule R (Form 990) 2008 COMMUNITY DEVELOPMENT CORP. OF UTAH

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	Are all partners section 501(c)(3) organizations?	Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging er?
	-		Yes No		Yes No	,	Yes	윋
								ŀ
	,							
ВАА		TEEA5004L 01/21/09				Schedule R (Form 990) (2008)) (066 m	2008)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

COMMUNITY DEVELOPMENT CORP. OF UTAH 187-04/6889	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
AFFORDABILITY PROJECT - PROVIDED BUILDING MATERIALS TO OTHER NONPROFIT	
ORGANIZATIONS, LOW-TO-MODERATE INCOME FAMILIES, AND FOR USE IN THE ORGANIZATION'S	· – – –
REHABILITATION AND CONSTRUCTION PROJECTS. MATERIALS ARE PROVIDED THROUGH THE	·
UTILIZATION OF A WAREHOUSE FACILITY THAT RECEIVES NEW AND USED DONATED BUILDING	. — — —
MATERIALS.	· _
	·
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	
PRIOR TO THE SUBMISSION OF FORM 990, THE EXECUTIVE COMMITTEE MEMBERS OF THE BOARD OF) <u>F</u>
DIRECTORS ARE PROVIDED WITH A COPY OF FORM 990, COMPLETE WITH ATTACHMENTS, FOR	
REVIEW AND APPROVAL. THE EXECUTIVE COMMITTEE IS COMPRISED OF THE PRESIDENT, VICE	
PRESIDENT, AND SECRETARY, WHO IS ALSO THE CHAIRMAN OF THE BUDGET AND AUDIT	. – – –
COMMITTEE. OTHER MEMBERS OF THE BOARD ARE ALSO INCLUDED IN THE EXECUTIVE COMMITTEE	<u>-</u>
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C	·
THE CONFLICT OF INTEREST POLICY IS PERIODICALLY REVIEWED WITH THE DIRECTORS AND	
EMPLOYEES. ALL POTENTIAL CONFLICTS OF INTEREST MUST BE ADDRESSED BY THE BOARD OF	
DIRECTORS.	. – – –
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EN	IPLOYEE:
COMPENSATION OF THE EXECUTIVE DIRECTOR IS ESTABLISHED BY THE BOARD OF DIRECTORS.	
PERIODICALLY, THE BOARD OF DIRECTORS ENGAGES AN INDEPENDENT CONSULTANT TO CONDUCT A	<u> </u>
SALARY SURVEY OF COMPARABLE COMPANIES, BOTH NON PROFIT AND GOVERNMENTAL	
ORGANIZATIONS. THIS SURVEY IS REVIEWED BY THE BOARD OF DIRECTORS AND IS THE BASIS	
OF SALARY LEVELS THROUGHOUT THE ORGANIZATION.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE	-
THE ORGANIZATION MAKES ITS ORGANIZATIONAL DOCUMENTS, CONFLICT OF INTEREST POLICY,	
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2008

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 67 identifying number

COM	MUNITY DEVELOPMEN	T CORP. OF	UTAH				87	-0476889
	ess or activity to which this form rela-	tes						
	M 990/990-PF							
Par		ense Certain ny listed property,	Property Under Se complete Part V before	ction 179 you complete Pa	art I.			
1	Maximum amount. See the	instructions for a	higher limit for certain b	ousinesses.			1	\$250,000.
2	Total cost of section 179 pr	operty placed in s	service (see instructions))			2	
3	Threshold cost of section 1	79 property before	e reduction in limitation	(see instructions))		3	\$800,000.
4	Reduction in limitation Sub	otract line 3 from I	ine 2. If zero or less, en	ter -0-			4	
5	Dollar limitation for tax yea separately, see instructions		from line 1. If zero or les	ss, enter -0 If m	arried fil	ing	5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected co	st	
7	Listed property. Enter the a	amount from line 2	29		7			
8	Total elected cost of section	n 179 property. A	dd amounts in column (d	c), lines 6 and 7			8	
9	Tentative deduction. Enter						9	
10	Carryover of disallowed de-		•				10	
11	Business income limitation					5 (see instrs)	11	
	Section 179 expense deduc						12	
	Carryover of disallowed de				▶ 13	<u> </u>		
	: Do not use Part II or Part							
Par	t II Special Depreci	ation Allowan	ice and Other Depr	eciation (Do n	ot includ	e listed property	.) (See	instructions.)
14	Special depreciation allowatax year (see instructions)	ance for qualified p	property (other than liste	ed property) place	ed in ser	vice during the	14	
15	Property subject to section	168(f)(1) election					15	
	Other depreciation (including						16	30,887.
			nclude listed property) ((See instructions))		'	
<u></u>			Section					
17	MACRS deductions for ass	ets placed in serv					17	
	If you are electing to group	any assets place			or more	general		
	asset accounts, check here		· c · D · 0000	*			<u> </u>	
		1	in Service During 2008 (c) Basis for depreciation			1	System	
	(a) Classification of property	(b) Month and year placed in service	(business/investment use only — see instructions)	(d) Recovery period	(e) Conver		d	(g) Depreciation deduction
19 a	3-year property				ļ			
b	5-year property							
	7-year property]						
c	10-year property							
е	15-year property							
f	20-year property	1						
g	25-year property	1		25 yrs		S/I		
	Residential rental			27.5 yrs	MM	1 S/I		
	property			27.5 yrs	MM	4 S/I		
i	Nonresidential real			39 yrs	MM	1 S/I		
	property				MN			
	Section C -	– Assets Placed in	n Service During 2008 T	ax Year Using the	e Alterna			m
20.2	Class life	1		ax rour comg un	1	S/I		
	12-year	1		12 yrs		S/I		
	: 40-year	-	1	40 yrs	MM			
*******	1 IV Summary (See in	etructions \		40 Ars	1 1-11.	. , 3/1	•	
	Listed property Enter amo					· · · r	21	
	, , ,		noe 10 and 20 in column (a) a	nd line 21. Enter here	and on	<u></u>		 .
	Total Add amounts from line 12, the appropriate lines of your return				allu VII	l	22	30,887.
23	For assets shown above as	na piacea in servic	ce auring the current years	ar, enter	23			