

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)

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning JULY 01, 2008, and ending JUNE 30, 2009

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: TURN COMMUNITY SERVICES INC. D Employer identification number: 37-0303448. E Telephone number: (801) 359-8876. G Gross receipts \$: 13,803,658.

F Name and address of principal officer: See attachment #1. H(a) Is this a group return for affiliates? Yes No. H(b) Are all affiliates included? Yes No.

I Tax-exempt status: 501(c)(3), 4947(a)(1) or 527. J Website: www.turncommunityservices.org. H(c) Group exemption number.

K Type of organization: Corporation, Trust, Association, Other. L Year of formation: 1974. M State of legal domicile: UT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TURN dreams into reality. We are dedicated to choice, quality and respect for people with disabilities and those who support them.

Table with 2 columns: Description (lines 3-7a) and Amount. Includes rows for voting members, employees, volunteers, and revenue.

Table with 3 columns: Description (lines 8-12), Prior Year, Current Year. Includes rows for contributions, program service revenue, investment income, other revenue, and total revenue.

Table with 3 columns: Description (lines 13-19), Prior Year, Current Year. Includes rows for grants, benefits, salaries, fundraising expenses, other expenses, and revenue less expenses.

Table with 3 columns: Description (lines 20-22), Beginning of Year, End of Year. Includes rows for total assets, total liabilities, and net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: PHIL SHUMWAY, EXECUTIVE DIRECTOR. Date: 3-15-2010.

Paid Preparer's Use Only: Preparer's signature: SCAMM CPA, Date: 3/15/10, Check if self-employed, Preparer's identifying number, Firm's name (or yours): CARVER FLOREK & JAMES, CPA'S, LLC, EIN, address, and ZIP + 4: 2246 N UNIVERSITY PARK BLVD, Layton, UT 84041- Phone no.: (801) 926-1177.

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

**Part III** Statement of Program Service Accomplishments(see instructions)

1 Briefly describe the organization's mission:  
TURN dreams into reality. We are dedicated to choice, quality and  
respect for people with disabilities and those who support them.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: \_\_\_\_\_) (Expenses \$ 7,835,723 including grants of \$ \_\_\_\_\_) (Revenue \$ 8,150,900)  
See attachment #2

4b (Code: \_\_\_\_\_) (Expenses \$ 2,007,187 including grants of \$ \_\_\_\_\_) (Revenue \$ 1,964,163)

4c (Code: \_\_\_\_\_) (Expenses \$ 3,406,333 including grants of \$ \_\_\_\_\_) (Revenue \$ 3,471,940)

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► \$ 13,249,243 (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	N/A	
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		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, VII, VIII, IX, or X as applicable		X
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		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		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		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		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		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	N/A	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	N/A	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	N/A	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b 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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

**Part IV** Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		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		X
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		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 909		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		N/A
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		N/A
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		N/A
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A
8			
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		N/A
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	<b>11a</b>	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? N/A		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? N/A		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ▶ UT
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ See attachment #3

**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) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER				
PHIL SHUMWAY EXECUTIVE DIRECTOR	40.00			X				102,253	0	4,173	
Susie Miner	1.00	X						0	0	0	
J. Eric Vanderhooft	1.00	X						0	0	0	
Kathryn M. Foley	1.00	X						0	0	0	
Calvin Cragun	1.00	X						0	0	0	
Nan T. Bassett	1.00	X						0	0	0	
Kathy Hale	1.00	X						0	0	0	
Janet Witherspoon	1.00	X						0	0	0	
Jim Witherspoon	1.00	X						0	0	0	
Stan Radford	1.00	X						0	0	0	
Edward F. Bates	1.00	X						0	0	0	
John Anderson	1.00	X						0	0	0	
Howard Coons	1.00	X						0	0	0	
Cynthia Nguyen	1.00	X						0	0	0	
Dan Adams	1.00	X						0	0	0	



Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
OTHER CONTRIBUTIONS SIMILAR AMOUNTS	1a	Federated campaigns	1a					
		b	Membership dues	1b				
		c	Fundraising events	1c				
		d	Related organizations	1d				
		e	Government grants (contributions)	1e	12,937,630			
		f	All other contributions, gifts, grants, & similar amounts not included above	1f	334,933			
		g	Noncash contributions included in lines 1a-1f.		\$			
		h	Total. Add lines 1a-1f		13,272,563			
PROGRAM SERVICE REVENUE	2a	RESIDENTIAL	Business Code	336,572	336,572			
		b						
		c						
		d						
		e						
		f	All other program service revenue					
		g	Total. Add lines 2a-2f		336,572			
OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)		169			169	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				182,646				
					47,937			
					134,709			
	b	Less: cost or other basis and sales expenses						
c	Gain or (loss)							
d	Net gain or (loss)			134,709	134,709			
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	11,708					
b	Less: direct expenses	b	4,769					
c	Net income or (loss) from fundraising events			6,939	6,939			
9a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			13,750,952	478,220		169	

**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	111,106	55,553	55,553	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,085,497	9,003,850	36,447	45,200
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	64,613	60,497	2,760	1,356
9	Other employee benefits	909,305	899,701	6,440	3,164
10	Payroll taxes	798,830	787,580	7,544	3,706
11	Fees for services (non-employees):				
a	Management	3,000		3,000	
b	Legal				
c	Accounting	35,975	24,525	11,450	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	83,804	83,804		
12	Advertising and promotion				
13	Office expenses	76,499	75,549	950	
14	Information technology				
15	Royalties				
16	Occupancy	693,420	681,265	8,103	4,052
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	170,934	170,934		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization #4	309,508	309,508		
23	Insurance	40,609	38,800	1,206	603
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	TRANSPORTATION	530,554	526,718	2,557	1,279
b	OTHER EXPENSES	112,796	106,972	3,883	1,941
c	REPAIRS AND MAINTENANCE	107,824	107,824		
d	PROGRAM SUPPLIES	102,638	102,638		
e	TELEPHONE	99,409	92,078	4,888	2,443
f	All other expenses #5	163,872	157,880		5,992
25	<b>Total functional expenses.</b> Add lines 1 through 24f	13,500,193	13,285,676	144,781	69,736
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X		Balance Sheet				
		(A)		(B)		
		Beginning of year		End of year		
ASSETS	1	Cash -- non-interest bearing	24,219	1	39,066	
	2	Savings and temporary cash investments	78,542	2	53,463	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	811,589	4	1,058,956	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	61,529	9	170,391	
	10a	Land, buildings, and equipment: cost basis	10a	7,331,432		
		b Less: accumulated depreciation. Complete Part VI of Schedule D	10b	2,225,092	10c	5,106,340
	11	Investments -- publicly traded securities		11	59,072	
	12	Investments -- other securities. See Part IV, line 11	56,768	12		
	13	Investments -- program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	41,045	15	34,163	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,475,201	16	6,521,451		
LIABILITIES	17	Accounts payable and accrued expenses	807,959	17	954,799	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	3,252,529	23	3,663,721	
	24	Unsecured notes and loans payable		24		
25	Other liabilities. Complete Part X of Schedule D	228,051	25	157,630		
26	<b>Total liabilities.</b> Add lines 17 through 25	4,288,539	26	4,776,150		
FUNDS	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	1,186,662	27	1,745,301	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	<b>Total net assets or fund balances</b>	1,186,662	33	1,745,301		
34	<b>Total liabilities and net assets/fund balances</b>	5,475,201	34	6,521,451		

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? N/A		

**Public Charity Status and Public Support**

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

**2008**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

<b>Name of the organization</b> TURN COMMUNITY SERVICES INC.	<b>Employer identification number</b> 87-0303448
---	---

**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 a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... N/A	11g(i)	
(ii) A family member of a person described in (i) above? ..... N/A	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? ..... N/A	11g(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	
<b>Total</b>									

**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 year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	86,010	107,057	88,193	81,372	79,500	442,132
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	10,802,390	10,911,553	10,792,732	11,078,380	13,671,286	57,256,341
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5	10,888,400	11,018,610	10,880,924	11,159,752	13,750,786	57,698,473
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						57,698,473

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	10,888,400	11,018,610	10,880,924	11,159,752	13,750,786	57,698,473
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,286	5,565	84	6,134	169	20,238
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	8,286	5,565	84	6,134	169	20,238
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						57,718,711

**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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.96 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**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 line 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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization**  
TURN COMMUNITY SERVICES INC.

**Employer identification number**  
87-0303448

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  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 II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements 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 ▶ \$ \_\_\_\_\_

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Term endowment  %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments -- Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		1,091,042		1,091,042
b Buildings		3,700,232	899,054	2,801,178
c Leasehold improvements		1,255,337	413,619	841,718
d Equipment		554,004	396,605	157,399
e Other		730,817	515,814	215,003
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,106,340

<b>Part VII</b> Investments – Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products .....		
Closely-held equity interests .....		
Other .....		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶		

<b>Part VIII</b> Investments – Program Related. See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

<b>Part IX</b> Other Assets. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
See attachment #6	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	34,163

<b>Part X</b> Other Liabilities. See Form 990, Part X, line 25.	
(a) Description of liability	(b) Amount
Federal income taxes	
See attachment #7	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	157,630

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

<b>Part XI</b>		<b>Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,750,952
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,500,193
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	250,759
4	Net unrealized gains (losses) on investments	4	4,469
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	303,411
9	Total adjustments (net). Add lines 4-8	9	307,880
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	558,639

<b>Part XII</b>		<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>	
1	Total revenue, gains, and other support per audited financial statements	1	13,755,421
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	13,755,421
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	13,755,421

<b>Part XIII</b>		<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
1	Total expenses and losses per audited financial statements	1	13,500,193
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	13,500,193
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	13,500,193

**Part XIV** Supplemental information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI LINE 8: THE ORGANIZATION MERGED WITH ANOTHER TAX EXEMPT AGENCY DURING THIS YEAR. THE AUDIT RESTATED THE PRIOR YEAR TO ADD THE NET ASSETS OF THE MERGED ORGANIZATION.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ 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.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

TURN COMMUNITY SERVICES INC.

Employer identification number

87-0303448

PART IV SEC A LINE 10: THE BOARD IS PROVIDED A COPY OF THE FORM 990 AT BOARD MEETING WHERE IT IS APPROVED BEFORE IT IS FILED.

PART VI SEC B 12c: THE BOARD MEMBERS ARE REQUIRED TO SIGN OFF ON THE CONFLICT OF INTEREST POLICY ANNUALLY.

PART VI SEC C LINE 19: THE DOCUMENTS ARE ON FILE AT THE ORGANIZATION'S OFFICE AVAILABLE FOR PUBLIC INSPECTION. ALSO THE 990 IS ON FILE AT THE UTAH STATE OFFICE OF CONSUMER PROTECTION.

**PRINCIPAL OFFICER NAME AND ADDRESS**

Attachment 1: Form 990 Page 1, Line F

Open to Public Inspection	For calendar year 2008, or tax period beginning 07-01-2008, and ending 06-30-2009.
---------------------------	--

Name of Organization TURN COMMUNITY SERVICES INC.	Employer Identification Number 87-0303448
--	--

990, Page 1, Line F

Principal officer name ..... PHIL SHUMWAY

or

Business Name:

Street Address ..... 850 S MAIN

U.S. Address:

Zip code 84101 City SALT LAKE CITY State UT

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

**PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT**

Attachment 2: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2008, or tax period beginning 07-01-2008, and ending 06-30-2009.	
Name of Organization	TURN COMMUNITY SERVICES INC.	Employer Identification Number 87-0303448
Part III - Statement of Program Service Accomplishments		
Code:	Expenses: 7,835,723	including Grants of: Revenue: 8,150,900

Exempt Purpose Achievements

RESIDENTIAL PROGRAMS PROVIDE ON SITE SUPERVISION, TRAINING AND LOW INCOME HOUSING FOR PERSONS WITH DISABILITIES IN APARTMENTS AND GROUP HOMES ABOUT 222 PEOPLE ARE SERVED IN THESE PROGRAMS.

**PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT**

Attachment 2: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2008, or tax period beginning 07-01-2008, and ending 06-30-2009.
Name of Organization TURN COMMUNITY SERVICES INC.	Employer Identification Number 87-0303448
Part III - Statement of Program Service Accomplishments	
Code:	Expenses: 2,007,187 including Grants of: Revenue: 1,964,163

Exempt Purpose Achievements

HOURLY SERVICES ARE PROGRAMS THAT ARE CONTRACTED WITH THE STATE OF UTAH TO HELP PERSONS WITH DISABILITIES BY PROVIDING COUNSELING, TRAINING AND SUPERVISION ON AN HOURLY RATE. ALSO WE PROVIDE SUPPORTED EMPLOYMENT, RESPITE AND FAMILY SERVICES. THESE PROGRAMS SERVE ABOUT 247 INDIVIDUALS.

**PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT**

Attachment 2: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2008, or tax period beginning 07-01-2008, and ending 06-30-2009.	
Name of Organization	TURN COMMUNITY SERVICES INC.	Employer Identification Number 87-0303448
Part III - Statement of Program Service Accomplishments		
Code:	Expenses: 3,406,333	including Grants of: Revenue: 3,471,940

Exempt Purpose Achievements

DAY TRAINING PROGRAMS HELP PERSONS WITH DISABILITIES LEARN HOW TO DO DAY-TO-DAY TASKS AND WORK RELATED SKILLS. APPROXIMATELY 353 PEOPLE ARE IN THESE PROGRAMS.

**BOOKS ARE IN CARE OF**

Attachment 3: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.
Name of Organization TURN COMMUNITY SERVICES INC.	Employer Identification Number 87-0303448
Part VII Books in Care of	

Individual Name ..... \_\_\_\_\_  
or

Business Name:  
CORPORATE OFFICE

Street Address ..... 850 S MAIN

U.S. Address:

Zip code 84101 City Salt Lake City State UT  
or

Foreign Address

City ..... \_\_\_\_\_

Province or State ..... \_\_\_\_\_

Country ..... \_\_\_\_\_

Postal code ..... \_\_\_\_\_

Phone Number ..... (801) 359-8876

Fax Number ..... \_\_\_\_\_

**SCHEDULE OF DEPRECIATION AND DEPLETION**

Attachment 4: Form 990 Page 10, Part IX, Line 22

Open to Public

For Calendar year 2008, or tax year period beginning 07-01-2008

and ending 06-30-2009

Name of Organization

TURN COMMUNITY SERVICES INC.

Employer Identification Number

87-0303448

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
BUILDINGS		1,091,042		S/L		
BUILDING IMPROVEMENTS		3,700,232		S/L		
FURNITURE AND EQUIPMENT		554,004		S/L		
VEHICLES		730,817		S/L		
ACCUMULATED DEPRECIATION			1,915,584	S/L		309,508
<b>Total</b>		<b>6,076,095</b>	<b>1,915,584</b>			<b>309,508</b>

**SCHEDULE OF OTHER EXPENSES**

Attachment 5: Form 990 Page 10, Line 24 - Other Expenses

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending	06-30-2009.
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Name of Organization TURN COMMUNITY SERVICES INC.	Employer Identification Number 87-0303448
--	--

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
FURNITURE AND EQUIPMENT	81,717	81,717		
PROGRAM FOOD	39,616	39,616		
MAINTENANCE SUPPLIES	30,432	30,432		
LICENSES & PERMITS	6,115	6,115		
FUNDRAISING EXPENSES	5,992			5,992
<b>Total</b>	<b>163,872</b>	<b>157,880</b>		<b>5,992</b>

**SCHEDULE D, PART IX - OTHER ASSETS**

Attachment 6: Sch D Page 3, Part IX - Other Assets

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
Name of Organization TURN COMMUNITY SERVICES INC.	Employer Identification Number 87-0303448

(a) Description	(b) Book value
MORTGAGE LOAN FEES NET	34,163
<b>Total</b>	<b>34,163</b>

## SCHEDULE D, PART X - OTHER LIABILITIES

Attachment 7: Sch D Page 3, Part X - Other Liabilities

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
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Name of Organization TURN COMMUNITY SERVICES INC.	Employer Identification Number 87-0303448
--	--

(a) Description of liability	(b) Amount
CAPITAL LEASES	157,630
	157,630

2008 DETAIL STATEMENTS

TURN COMMUNITY SERVICES INC.  
87-0303448

Page 1

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STATEMENT #1 - Program other (990 EO PG 10 Line 11gb)

PROGRAM CONSULTANTS.....	83,804	
TOTAL CARRIED TO 990 EO PG 10 Line 11gb.....		83,804

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STATEMENT #2 - Prepaid expenses end yr (990-EO PG 11 Line 9b)

	Beginning	Ending
PREPAID EXPENSES AND OTHER ASSETS....	61,529	170,391
TOTAL CARRIED TO 990-EO PG 11 Line 9b.....	61,529	170,391

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STATEMENT #3 - ( )

	Beginning	Ending
CAPITAL LEASES.....	228,051	157,630
TOTAL CARRIED TO .....	228,051	157,630

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20841



Utah Tax Return  
Miscellaneous Corporations

2008  
TC-20MC

For the 2008 calendar year, or fiscal year 07/01/2008 to 06/30/2009  
mm/dd/yyyy mm/dd/yyyy

1043

1 IF AMENDED RETURN -- ENTER CODE (1-4) from insts.

Mark "X" if you filed federal Form 8886

Mark "X" if this is a new address: <input type="checkbox"/> Physical address <input type="checkbox"/> Mailing address	Corporation name <u>TURN COMMUNITY SERVICES INC.</u>		Employer Identification Number: <u>87-0303448</u>		
	Address <u>850 S. MAIN</u>		Utah Incorporation/Qualification No.:		
	City <u>SALT LAKE CITY</u>	State <u>UT</u>	ZIP Code <u>84101</u>		
	Foreign country (if not U.S.)		Telephone number <u>(801) 359-8876</u>		

1. Corporation return type -- Mark "X" for corporation return type (see instructions):

- Regulated Investment Company (complete Schedule A, Part 1)
- Homeowners Association (complete Schedule A, Part 3)
- One-day Target Corporation with IRC Section 338 Election (complete Schedule A, Part 5)
- Real Estate Investment Trust (complete Schedule A, Part 2)
- Unincorporated Exempt Organization or Exempt Corporation Having Unrelated Business Income (complete Schedule A, Part 4)

- 2. Tax -- Enter the amount calculated on Schedule A (see instructions) ..... ● 2 0 .00
- 3. Utah use tax -- if \$400 or less (see instructions) ..... ● 3 \_\_\_\_\_ .00
- 4. Total tax -- Add lines 2 and 3 ..... ● 4 \_\_\_\_\_ .00
- 5. Refundable credits -- Enter total from Schedule B (must attach Schedule B) ..... ● 5 \_\_\_\_\_ .00
- 6. Prepayments from Schedule E, line 4 ..... ● 6 \_\_\_\_\_ .00
- 7. Amended returns only (see instructions) ..... ● 7 \_\_\_\_\_ .00
- 8. Total refundable credits and prepayments -- add lines 5 through 7 ..... ● 8 \_\_\_\_\_ .00
- 9. Tax Due -- If line 4 is greater than line 8, subtract line 8 from line 4 ..... ● 9 \_\_\_\_\_ .00
- 10. Penalties and interest (see instructions) ..... 10 \_\_\_\_\_ .00
- 11. Pay this amount -- Add lines 9 and 10. Make check to: Utah State Tax Commission ..... ● 11 \_\_\_\_\_ .00
- 12. Overpayment -- If line 8 is greater than line 4, subtract line 4 from line 8 ..... ● 12 \_\_\_\_\_ .00
- 13. Amount of overpayment on line 12 to be applied to next taxable year ..... ● 13 \_\_\_\_\_ .00
- 14. Refund -- Subtract line 13 from line 12 ..... ● 14 \_\_\_\_\_ .00

15. Mark "X" for each quarterly estimated prepayment meeting exceptions (attach documentation):
- 1st       2nd
  - 3rd       4th

USTC USE ONLY ● _____
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Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.

SIGN HERE    Paid Preparer's Section	Signature of official 	Title <u>EXECUTIVE DI</u>	Date <u>3-15-2010</u>	<input type="checkbox"/> Check here if the Tax Commission may discuss this return with the preparer shown below (see inst.)	
	Preparer's signature 	Name of preparer's firm (or yourself, if self-employed) <u>CARVER FLOREK &amp; JAMES, CPA'S, LLC</u>	Preparer's phone no. <u>52-2408237</u>	Preparer's SSN or PTIN <u>P00413607</u>	
	Preparer's complete address (street, city, state, ZIP)				

**Supplemental Information to be Supplied  
by All Miscellaneous Corporations**

**Note: Utah Code § 59-7-519 extends the Statute of Limitations for tax assessment when required information is not fully reported.**

- 1. What is the last year for which a federal examination has been completed?

\_\_\_\_\_ mm/dd/yyyy

Under separate cover, send a summary and supporting schedules for all federal adjustments and the federal tax liability for each year for which federal audit adjustments have not been reported to the Tax Commission and indicate date of final determination. Forward information to Auditing Division, Utah State Tax Commission, 210 North 1950 West, Salt Lake City, UT 84134-2000.

- 2. For what years are federal examinations now in progress, and/or final determination of past examinations still pending?

\_\_\_\_\_ mm/dd/yyyy

\_\_\_\_\_ mm/dd/yyyy

\_\_\_\_\_ mm/dd/yyyy

\_\_\_\_\_ mm/dd/yyyy

- 3. For what years have extensions for proposing additional assessments of federal tax been agreed to with the Internal Revenue Service?

\_\_\_\_\_ mm/dd/yyyy

\_\_\_\_\_ mm/dd/yyyy

\_\_\_\_\_ mm/dd/yyyy

\_\_\_\_\_ mm/dd/yyyy

Employer Identification Number: 87-0303448

**RIC Part 1: Regulated Investment Company**

1.	Investment company taxable income from federal form 1120RIC, line 26	• 1	_____	.00
2.	Municipal interest as determined in IRC Section 852(b)(2)	2	_____	.00
3.	Exclusion of net capital gain as determined in IRC Section 852(b)(2)	3	_____	.00
4.	Net taxable income -- Add lines 1 through 3	• 4	_____	.00
5.	Deduction for capital gain dividends as defined in IRC Section 852(b)(3)(c)	5	_____	.00
6.	Exempt interest dividends as defined in IRC Section 852(b)(5)(c)	6	_____	.00
7.	Utah taxable income (loss) -- Subtract line 5 and line 6 from line 4	• 7	_____	.00
8.	Initial tax -- Multiply line 7 by 5% (.05)	• 8	_____	.00
9.	Minimum tax	9	<b>\$100</b>	
10.	Tax -- Enter the greater of line 8 or line 9 Enter this amount on TC-20MC, line 2	• 10	_____	.00

Attach a copy of federal form 1120-RIC to this return.

**REIT Part 2: Real Estate Investment Trust**

1.	REIT taxable income from federal form 1120REIT, line 22	• 1	_____	.00
2.	Income taxed for federal purposes under the IRC but not included in line 1 above	2	_____	.00
3.	Federal net operating loss deduction from federal form 1120REIT, line 21a	• 3	_____	.00
4.	Apportionable income (loss) -- Add lines 1 through 3	• 4	_____	.00
5.	Apportionment fraction (enter 1.000000, or Schedule J line 8 or line 12, if applicable)	5	_____	.00
6.	Taxable income (loss) -- Multiply line 4 by decimal on line 5 If line 6 is a loss and you elected to forego the federal net operating loss carryback, do you want to forego the Utah loss carryback? <small>If no box is marked, the loss will be treated as a carryback.</small> Use form TC-20L to claim a refund of prior year tax for a loss carryback.	• 6	_____	.00
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Utah losses carried forward from prior years (attach documentation)	• 7	_____	.00
8.	Utah taxable income (loss) -- Subtract line 7 from line 6	• 8	_____	.00
9.	Initial tax -- Multiply line 8 by 5% (.05)	• 9	_____	.00
10.	Minimum tax	10	<b>\$100</b>	
11.	Tax -- Enter the greater of line 9 or line 10 Enter this amount on TC-20MC, line 2	• 11	_____	.00

Attach a copy of federal form 1120-REIT to this return.

**TC-20MC, Schedule A -- continued**

**H Part 3: Homeowners Association with IRC Section 528 Income**

<b>A</b>	1. Taxable income (loss) from federal form 1120H, line 19.....	• 1	_____	.00
	2. Tax -- Multiply line 1 by 5% (.05) .....	• 2	_____	.00
	Enter this amount on TC-20MC, line 2			

**Attach a copy of federal form 1120-H to this return.**

**U B I Part 4: Unincorporated Exempt Organization or Exempt Corporation Having Unrelated Business Income**

<b>U B I</b>	1. Unrelated business taxable income from federal form 990-T, line 34 .....	• 1	_____	.00
	2. Apportionment fraction (enter 1.000000, or Schedule J line 8 or line 12, if applicable) .....	• 2	<u>1.000000</u>	
	3. Utah taxable income (loss) -- Multiply line 1 by decimal on line 2 .....	• 3	_____	.00
	4. Tax -- Multiply line 3 by 5% (.05) .....	• 4	_____	.00
	Enter this amount on TC-20MC, line 2			

**Attach a copy of federal form 990-T to this return.**

**3 Part 5: One-day Target Corporation with an IRC Section 338 Election**

<b>3 3 8</b>	1. Gain (loss) on deemed sale of assets .....	• 1	_____	.00
	2. Apportionment fraction (see instructions) .....	• 2	_____	
	3. Utah apportioned gain (loss) -- Multiply line 1 by decimal on line 2 .....	• 3	_____	.00
	4. Utah losses carried forward from prior years. Attach documentation (see instructions) .....	• 4	_____	.00
	5. Utah taxable gain (loss) -- Subtract line 4 from line 3 .....	• 5	_____	.00
	6. Initial tax -- Multiply line 5 by 5% (.05) .....	• 6	_____	.00
	7. Minimum tax .....	• 7	<b>\$100</b>	
	8. Tax -- Enter the greater of line 6 or line 7 .....	• 8	_____	.00
	Enter this amount on TC-20MC, line 2			

**Attach a copy of the federal return and IRS form 8023 to this return.**



20845 **TC-20MC, Schedule B**  
**Refundable Credits**

UT TC-20MC B 2008

Employer Identification Number: 87-0303448

**Refundable Credits**

Enter the two-digit code and the amount of the refundable credit.

<u>Code</u>		<u>Code</u>		<u>Code</u>	<u>Amount</u>
39	Renewable commercial energy systems	47	Agricultural off-highway gas/undyed diesel fuel	• _____	_____ .00
40	Targeted business tax credit	48	Farm operation hand tools	• _____	_____ .00
46	Mineral production withholding tax credit			• _____	_____ .00
				• _____	_____ .00
<b>Total refundable credits</b> — Add all refundable credits .....				• _____	_____ .00
Enter this amount on TC-20MC, line 5					

**TC-20MC, Schedule E**  
**Prepayments of Any Type**

1.	Overpayment applied from prior year .....	1	_____	.00
2.	Extension prepayment    Date: _____    Check number: _____	2	_____	.00
3.	Other prepayments (attach additional pages if necessary)			
	a.    Date: _____    Check no. _____    3a _____			.00
	b.    Date: _____    Check no. _____    3b _____			.00
	c.    Date: _____    Check no. _____    3c _____			.00
	d.    Date: _____    Check no. _____    3d _____			.00
	<b>Total of other prepayments</b> (add lines 3a through 3d) .....	3	_____	.00
4.	<b>Total prepayments</b> (add lines 1, 2, and 3) .....	• 4	_____	.00
	Enter here and on TC-20MC, line 6			

