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Envelope postinark date NOV 1 5 2010

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)

2009

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.

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Part II Signature Block Under pendites of perjury, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Date Dee Bangerer Type or print name and title Date Check if self: Preparer's identifying (see instructions)	Signature Block Under penelties of pergury, I declare than have examined the serior, 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 Dee Bangerter	45	21 ⊺	otal liabilities (Part X, line 26)	1,517,	<u> 258. </u>	1,546,034.		
Under perpetites of perjury, I declare that have examined the refurn, including accompanying schedules and statements, and to the best of my knowledge and belief true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer	Under peptities of perjury. I decise that have examined the 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. Date Declaration of my knowledge and belief, it is supported by the preparer has any knowledge.		1 44 1	let assets or fund balances. Subtract line 21 from line 20	1,626,8	863.	2,038,939.		
Under perpetites of perjury, I declare that have examined the refurn, including accompanying schedules and statements, and to the best of my knowledge and belief true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer	Under peptities of perjury. I decise that have examined the 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. Date Declaration of my knowledge and belief, it is supported by the preparer has any knowledge.	Pa	rt II	Signature Block / \					
Signature of officer / DEE BANGERTER Type or print name and title Date Check if Self- Se	DEE BANGERTER Type or print name and title Date Check if self-employed Preparer's identifying number (see instructions) Preparer's signature Preparer's hame for yours if self-employed, and sold if self-employed points if self-employed, and sold if self-employed points if self-employed, and sold if self-employed points if self-employed, and sold if self-employed in the			Under penelties of persury. I declare that have examined the return, including accompanying schedules and st	atements, and to the bes	t of my kno	owledge and belief, it is		
Signature of officer / DEE BANGERTER Type or print name and title Date Check if Self- Se	Date DEE BANGERTER Type or print name and title Date Date Check if self-employed Preparer's identifying number (see instructions) Preparer's signature Preparer's mame (or yours if self-employed), Prim's name (or yours if self-employed), Date Date Check if self-employed Preparer's identifying number (see instructions) Proportion in the property is proposed in the propos			true, correct, and complete Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge				
Signature of officer / DEE BANGERTER Type or print name and title Date Check if Self- Se	Date DEE BANGERTER Type or print name and title Date Date Check if self-employed Preparer's identifying number (see instructions) Preparer's signature Preparer's mame (or yours if self-employed), Prim's name (or yours if self-employed), Date Date Check if self-employed Preparer's identifying number (see instructions) Proportion in the property is proposed in the propos	~Sid	nn		1 1 1	15	1		
DEE BANGERTER Type or print name and title Date Check if self-self-self-self-self-self-self-self-	DEE BANGERTER Type or print name and title Date Check if self-employed Preparer's identifying number (see instructions) Preparer's signature Preparer's identifying number (see instructions) Firm's name (or yours if self employed), SOUTH 200 WEST EIN 84-1378354	_He	re	Senature of officer	Date		' ()		
Date Check if Self- Preparer's identifying (see instructions)	Type or print name and title Date Check if self-employed Date Check if self-employed Date Date Check if self-employed Date Check if self-employed Date Date Check if self-employed Date Date Check if self-employed Date Date Date Check if self-employed Date Date	4 N		1	5-1.5				
Date Check if Self- Preparer's identifying (see instructions)	id e- rer's signature Firm's name (or yours if self employed), and solved the solution of the self employed of the			DEE BANGERIER 0			· ·-		
Self- (see instructions)	Preparer's signature Firm's name (or yours if self employed), employed, employed, and self employed, empl								
Paid Semilored ►	rer's signature 11/09/10 P00074409 Firm's name (or yours if self employed), 300 SOUTH 200 WEST EIN 84-1378354	\Box		Date		(see	instructions)		
	rer's lee Firm's name (or yours if self employed), SOUTH 200 WEST EIN 84-1378354	<u></u> <u></u> <u>⊪</u> Pa	id	Preparer's		· 🔲			
	Firm's name (or yours if self employed), SOUTH 200 WEST BANGERTER, LUND & ASSOCIATES, INC. EIN 84-1378354			signature 11/09/1	.0	P0	0074409		
Goarer's	yours if self employed). ► 300 SOUTH 200 WEST EIN ► 84-1378354	≨ pa	rers						
yours if self		ÇŅS	e	yours if self	FIN ► S	34-137	18354		
	1710 ± A	‰Ω _L	ııy	eddenes and					
"		Mar	v tha In	S discuss this return with the preparer shown above? (see instructions)	Lenous no		X Yes No		
ZIP + 2 BOUNTIFUL, UI 84010-7124 Phone no 801-397-1000	and the contract of the contra	Ma	v tha ID	S discuse this raturn with the preparer shown above? (see instructions)			IXIYAC IINA		

	990 (2009) BCVV INC	87-0	46870	3		Page 2
Par	Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission ELDERLY CARE - FURNISH HOUSING, HEALTH CARE, FINANCIAL SECURITY A ELDERLY INDIVIDUALS	AND OTHE	ER_SE	RVIC	ES _1	0
	Did the organization undertake any significant program services during the year which were not listed o Form 990 or 990-EZ?	n the prior		Yes	[X]	No No
	If 'Yes,' describe these new services on Schedule O		L_J		1	110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se If 'Yes,' describe these changes on Schedule O	rvices?		Yes	X	No
4	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expenses, and revenue, if any, for each program service reported	es by expens nd allocation	ses Seons to other	ction 5 ners, t	i01(c) he tot	(3) al
4a	(Code				67,6: 	34.)
,				- - -	 	
		· 	- -			
				- -		
		. – – – –				
4b	(Code) (Expenses \$ including grants of \$)	(Revenue	\$)
		. 			 	
						
4c	(Code) (Expenses \$ including grants of \$)	(Revenue	\$)
		. 			 	
	- 					· – – –
						· -
						· – – –
		- -				. – – –
		- - -				
						. – – –
						· -
4 d	Other program services. (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue	\$)	
4e	Total program service expenses ► 3, 992, 017.					<u>-</u>

*

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C. Part II 4 Х 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or 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 Х 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 Х environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 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? If 'Yes,' complete 9 X Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It Yes, complete Schedule D, Part V Х 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or 11 11 Х X as applicable Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule ***** D. Part VI • Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D. Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12 A Was the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х 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 United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 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 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X 20 Х Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

	990 (2009) BCVV INC	87-0468703		Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organiunited States on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	izations in the 21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United IX, column (A), line 2 ⁷ If 'Yes,' complete Schedule I, Parts I and III	States on Part 22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organ and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' Schedule J</i>	nization's current complete		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 3 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b complete Schedule K. If 'No,'go to line 25	\$100,000		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the yany tax-exempt bonds?	year to defease	ıc	T
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24		†
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction disqualified person during the year? If 'Yes,' complete Schedule L, Part I	ction with a	a	Х
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Schedule L, Part I	a prior year, and Yes,' complete	6 b	х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated emdisqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule	nployee, or e L, Part II	;	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, s contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes, Schedule L, Part III	ubstantial ' complete 27	,	X
	Was the organization a party to a business transation with one of the following parties (see Schedule L, instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28	a	X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28	вь х	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	a family member) 28	Bc X	
29	$ \hbox{ Did the organization receive more than $25,000 in non-cash contributions? } \textit{If 'Yes,' complete Schedule } \\$	M 29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified contributions? If 'Yes,' complete Schedule M	d conservation 30)	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule	e N, Part I 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' cc Schedule N, Part II	omplete 32	<u>: </u>	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regula 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	ations sections 33	3	х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts line 1	II, III, IV, and V,	ı x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part V , line 2	ete Schedule R, 35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable roganization? If 'Yes,' complete Schedule R, Part V, line 2	related 36	,	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organitreated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	ization and that is	,	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 Note. All Form 990 filers are required to complete Schedule O	and 19?	3 X	
RΔΔ		Fo	rm 990	(2009)

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Part V Statements Regarding Other IRS Fillings and Tax Compliance Yes No	Form 990 (2009) BCVV INC 87-046870	3	۶	age 5
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. be Enter the number of Forms W.2G included in line 1a Enter -0- of not applicable. be Enter the number of Forms W.2G included in line 1a Enter -0- of not applicable. c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with packup withholding rules for reportable payments to vendors and reportable gaming (gambling) with packup with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with packup w	Part V Statements Regarding Other IRS Filings and Tax Compliance			
Information Returns. Enter: 0- if not applicable b Enter the number of Forms W-23 included in line 1a Enter: 0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to price winners? 2a Fater the number of employee reported on form W.3. Treasmittal of Wage and Tax Statements, filed for the called by a reading with a within the year owner by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unreleated business gross income of \$1,000 or more during the year covered by this return. b If 'Yes' has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O 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's organization as a bank account, securities account, or other financial account's bit of years, and thing 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 sheller transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a D and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the organization in the did did the organization of the vide of the progenitation for the vide of the progenitation shall were not tax deductible? 5b If Yes, did the organization include with every solicitation an express statement that such contributions or grifts were not deductible. 6c Did the organization shall were not tax deductible or the vide of the progenization shall were not tax deductible? 6c Did the organization shall was not the organizatio			Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining gambling) winnings to prize winners? 2 a Enter the number of employee sprotted on Form W.3, Transmittal of Wage and Tax Statements, filed for the called year ending with or within the year cowered by this return? Note. If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 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)? 5b If Yes' has it filed a Form 990-1 for this year? If No.' provide an explanation in Schedule O 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 accounts)? 5b Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, I bline 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the value of the deductible? 5c bl Yes, I did the organization shall were not tax deductible? 5c bl Yes, I did the organization shall were not tax deductible? 5c c bl the organizations that may receive deductible contributions under section 170(c). 6a Did the organization shall were not tax deductible contribution	1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns. Enter -0- if not applicable.			
(gambling) winnings to prize winners? 2 a Enter the number of employees reported or Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 bit of a least one is reported on Inine 2a, did the organization file all required to e-file this return (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. bit Yes' has it filed a Form 990-T for this year? If No, 'provide an explanation in Schedule O 4 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 accountly? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the deductible? 7 organizations that may receive deductible contributions under section 170(c). a Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the promise section of the value of the goods or services provided? 7 organizations that may receive deductible contributions under section 170(c). a Did the organization unclude with every solicitation an express statement that such contributions or gifts were not be form 170 to the proportion of the promise section 496 to the proportion of the pro	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
caleadar year ending with or within the year covered by this seturn 2	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Х
2 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a 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? 3b if Yes' has it filed a Form 990-T for this year? If No, 'provide an explanation in Schedule O 3a. 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 4b if Yes,' enter the name of the foreign country 5c set he 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? 5b if Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c c if Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c c if Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c c if Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the deductible? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization feed with every solicitation an express statement that such contributions or grifts were not deductible? 6a Does the organization macute with every solicitation an express statement that such contributions or grifts were not deductible? 6b Tyes,' indicate the number of Forms 8282 filed during the year 6c Dod the org	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			
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? b if 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 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)? 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? 5b Id any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not lax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? b if 'Yes,' did the organization of the contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? b if 'Yes,' did the organization of the value of the goods or services provided? c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization of qualified intellectual property, did the organization, have excess business holdings at any time during the year? 9 The organization make any tistributions or advised funds and section 509(x)(3) supporting organizations. Did the suppor		2b	Х	
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h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		8	<u> </u>	<u> </u>
b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a			<u> </u>	ļ
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	·			-
a Initiation fees and capital contributions included on Part VIII, line 12 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 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a 11b 11a 11b 11a 11b 11a		96		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a				
11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		1		
a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		1		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		1		
amounts due or received from them.)		1		ŀ
	amounts due or received from them)	ļ	ļ	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		12a	L	<u> </u>
	b If Yes, enter the amount of tax-exempt interest received or accrued during the year 12b		•	

....

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A.	Governing Body and Management						
			1		Yes	No		
		number of voting members of the governing body	1a 3					
		number of voting members that are independent	1b 1					
2	Did any of officer, d	officer, director, trustee, or key employee have a family relationship or a business reference, trustee or key employee? SEE SCHEDULE 0	elationship with any other	2	X	J		
3	Did the o	rganization delegate control over management duties customarily performed by or i s, directors or trustees, or key employees to a management company or other pers	under the direct supervision	3	х			
4		rganization make any significant changes to its organizational documents prior Form 990 was filed?		4		X		
5		rganization become aware during the year of a material diversion of the organization	n's assets?	5		Х		
6	Does the	organization have members or stockholders? SEE SCHEDULE O		6	Χ			
	governin	•		7a		<u>X</u>		
l	b Are any	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		<u>X</u>		
8	Did the o	rganization contemporaneously document the meetings held or written actions under Ving SEE SCHEDULE O	ertaken during the year by					
		rning body?		8a	Х			
		nmittee with authority to act on behalf of the governing body?		8ь		Х		
	organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca iion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	SEE SCHEDULE O	9	х			
		Policies (This Section B requests information about policies not	required by the Internal					
Rev	enue Code)		 -1				
10	a Does the	organization have local chapters, branches, or affiliates?		10 a	Yes	No X		
1	b If 'Yes,' o	does the organization have written policies and procedures governing the activities of the organization?	of such chapters, affiliates,	10Ь				
11		organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	X			
11.	A Describe	in Schedule O the process, if any, used by the organization to review this Form 990	SEE SCHEDULE O					
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12 a	Х			
1	b Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests ts^2	that could give rise	12b	х			
1	c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the position of the compliance with the compliance	olicy? If 'Yes,' describe in	12 c	х			
13	Does the	organization have a written whistleblower policy?		13	Х			
14	Does the	organization have a written document retention and destruction policy?		14	Х	<u> </u>		
15	Did the p persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision?					
	_	nization's CEO, Executive Director, or top management official		15 a	X			
		icers of key employees of the organization SEE SCHEDULE O		15 b	X			
	If 'Yes' to	o line 15a or 15b, describe the process in Schedule O (See instructions.)				,		
16	a Did the o entity du	rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16a		X		
	in joint v	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	the organization's exempt	16b				
Sec		Disclosures	•					
17		tates with which a copy of this Form 990 is required to be filed ► NONE						
	Section (5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a n. Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) av	aılabl	e for p	public		
	Own	website Another's website X Upon request						
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest statements available to the public SEE SCHEDULE O								
		name, physical address, and telephone number of the person who possesses the MOUNTAIN CARE 5242 SOUTH COLLEGE DRIVE SUITE #205				000_		

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 Report compensation for the calendar year ending with or within the organizations's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of 'key employees'
- 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, 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

X Check this box if the organization did no		sate a	iny (_		officer	, dır			
(A)	(B)				c)		i. A	(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee		a 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
JON OWENS TRUSTEE	0	Х						0.	0.	0.
TODD WOODBURY TRUSTEE	0	Х						0.	0.	0.
DEE BANGERTER PRES/ SECRETARY	0	Х		Х				0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, l	Sey	En	ıplo	oye	es,	an	d Highest Con	npensated Emp			age tont.)
(A)	(B)	(c)						(D)	(E)		(F)	
Name and Title	Average hours per week	-	т _	(checl				compensation from the organization	Reportable compensation from related organizations (W-2/1099 MISC)	amo	stimate unt of o npensat	ther ion
		Individual trustee or director	Institutional trustee	icer	/ employee	Highest compensated	Former	(W-2/1099-MISC)	(W-2/1099 MISC)	org	from the ganization nd relate janization	on ed
				_								
		_										
-												
	· - 											
	·			_								
	-											
			/									
1 b Total							>	0.	0.			0.
2 Total number of individuals (including but not limite from the organization ► 0	ed to the	se li	stec	abo	ove)	who	o re	ceived more than	\$100,000 in report	able co		
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r or trust Individua	lee, I	key	emp	oloy	ee, d	or h	ighest compensat	ed employee	3	Yes	No X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater individual	eportable	e cor	npe	nsat If 'Y	lion 'es'	and com	oth plet	er compensation e Schedule J for :	from such	4		Х
5 Did any person listed on line 1a receive or accrue rendered to the organization? If 'Yes,' complete So	compens	satioi I for	n fro	om a	any erso	unre	elate	ed organization for	services	5		X
Section B. Independent Contractors				μ.					 		1	<u></u>
 Complete this table for your five highest compensation from the organization. 	ted inde	pend	dent	cor	ntrad	ctors	tha	it received more t	han \$100,000 of			
(A) Name and business addre								Description () of Services	Compe		
ALTA HEALTH SERVICES 350 E. 300 S. SUITE #10	0 BOUN	TIF	UL,	UT	84	010		PATIENT THERA	PY	3	368,	400.
											_	
2 Total number of independent contractors (including \$100,000 in compensation from the organization >		lımı	ted	to th	1056	e list	ed a	above) who receiv	ed more than			

Pai	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
SZ	1a Federated campaigns. 1a				•
N E	b Membership dues 1b	7			1
20	c Fundraising events 1c	1			
AR A	d Related organizations. 1d	1			-
2 ₹	e Government grants (contributions) 1 e	1			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 193, 966		,		
E S	g Noncash contribus included in los 1a-1f: \$				
-	h Total. Add lines 1a-1f	193,966.			
3	Business Code				
Ä	2a MEDICAID	2,245,419.	2,245,419.		<u> </u>
RE	b MEDICARE	1,699,656.	1,699,656.		
5	c PRIVATE	439,126.	439,126.	<u> </u>	
ER	d HOSPICE	373,433.	373,433.		
¥	e	,			
PROGRAM SERVICE REVENUE	f All other program service revenue	<u> </u>			· · · · · · · · · · · · · · · · · · ·
PRO	q Total. Add lines 2a-2f	4,757,634.			i
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds	34,286.			34,286.
	5 Royalties				
1	(i) Real (ii) Personal		1 6.2		` 4
1	6a Gross Rents	1			
	b Less rental expenses				
	c Rental income or (loss)	1			
	d Net rental income or (loss)	•			
	(v) Securities (vi) Other	- 			
	assets other than inventory	1			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
ENUE	8a Gross income from fundraising events (not including \$				
OTHER REVENL	of contributions reported on line 1c)				
8	See Part IV, line 18	-			
Ė	b Less: direct expenses b				ļ
	c Net income of (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			<u> </u>	
	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	ļ			
	b				
1	c				
ĺ	d All other revenue				
	e Total. Add lines 11a-11d .				
	12 Total revenue. See instructions	4,985,886.	4,757,634.	0.	34,286.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must com	plete column (A) but are not	t required to complete columi	ns (B), (C), and (D).
----------------------------------	------------------------------	-------------------------------	-----------------------

	All other organizations must comp	(A)	(B) Program service	(C) Management and	(D) Fundraising
	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	0.	0.	0.	0.
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	1,708,339.	1,637,059.	71,280.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	9,192.	6,997.	2,195.	
10	Payroll taxes	132,295.	126,683.	5,612.	
11	Fees for services (non-employees)				
ä	Management	318,800.		318,800.	.
ŀ	Legal				
(Accounting	6,409.		6,409.	
(l Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees				
ç	Other	135,538.		135,538.	
12	Advertising and promotion	1,874.		1,874.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,436.	604.	832.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,098.	2,240.	1,858.	
20	Interest	159,848.	159,848.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	56,503.	56,503.		
23	<u> </u>	209,696.	187,778.	21,918.	
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)				
;	CONTRACT LABOR	531,031.	526,580.	4,451.	 -
	SUPPLIES	281,282.	281,282.		· · · · · · · · · · · · · · · · · · ·
	PHARMACY	234,617.	234,617.		
	TAX - BED	186,136.	186,136.		
	OUTSIDE SERVICES	177,549.	175,878.	1,671.	
	f All other expenses.	419,167.	409,812.	9,355.	
_25	Total functional expenses. Add lines 1 through 24f.	4,573,810.	3,992,017.	581,793.	0.
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		1		I.	Form 990 (2009)

BAA

Part X **Balance Sheet** (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 235,276 4 272,066. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 1,637,968. 7 2,020,166. Notes and loans receivable, net 8 Inventories for sale or use 8 6,491 9 6,131 9 Prepaid expenses and deferred charges 10 a 10a Land, buildings, and equipment cost or other basis 1,641,520. Complete Part VI of Schedule D 10 b 354,910 1,264,686. **b** Less accumulated depreciation. 10 c 1,286,610. 11 Investments - publicly-traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 3,144,421 3,584,973. **16 Total assets** Add lines 1 through 15 (must equal line 34) 16 375,757. 17 634,597. 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities. 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 1,021,720. 796,977. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 120,081 25 114,460. 26 1,517,558. 26 1,546,034. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here |X| and complete FUND lines 30 through 34. Capital stock or trust principal, or current funds 1,000. 30 1,000. 31 Paid-in or capital surplus, or land, building, and equipment fund 99,555. 31 99,555. BALANCES 1,526,308. 1,938,384. 32 Retained earnings, endowment, accumulated income, or other funds 32 1,626,863. 33 Total net assets or fund balances 33 2,038,939. 34 Total liabilities and net assets/fund balances. 3,144,421. 3,584,973. Form 990 (2009)

art XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	1		
2a Were the organization's financial statements compiled or reviewed by an independent accountant	? 2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for o review, or compilation of its financial statements and selection of an independent accountant?	oversight of the audit, 2c		
If the organization changed either its oversight process or selection process during the tax year, ϵ in Schedule O	explain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the yellondold basis, separate basis, or both		,	
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set Audit Act and OMB Circular A-133?	forth in the Single		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not under or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ergo the required audit		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Name	of the	organization	.						Employe	r identıfica	tion number	
BCV	<u>v</u>			· · · · · · · · · · · · · · · · · · ·						<u> 16870:</u>		
Par	t 1	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See ii	nstruct	ions	
The o	orga	nization is not a pri	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box)				
1	Г	A church, conventi	on of churches or ass	ociation of churches des	cribed in	section	170(b)	(1)(A)(i)				
2	Г	A school described	in section 170(b)(1)(A)(ii). (Attach Schedule I	E)							
3		A hospital or coope	erative hospital service	e organization described	ın secti	on 170(i	ьх1хах	iii).				
4		A medical research	organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Ei	nter the hospital's	
		name, city, and sta	ite	·							,	
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 7	E	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Comple	te Part I	1)						
9	X	from activities relate investment income	d to its exempt function	more than 33-1/3 % of its is — subject to certain excess taxable income (less omplete Part III)	eptions, a	and (2) r	no more i	lhan 33-	1/3 % of	its supp	ort from gross	er
10		An organization org	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	1 509(a)	(4).			
11		more publicly supp	orted organizations of	exclusively for the beneficescribed in section 509(szation and complete lines	a)(1) or	section	509(a)(2	ictions (2) See	of, or ca section	rry out ti 509(a)(3	he purposes of one B). Check the box t	or that
		a Type I	b Type II	<u> </u>	l – Fund	-		ted		d \square	Type III – Other	
е		By checking this bo	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	led direc upportec	tly or in	directly zations	by one describe	or more ed in se	disqual	ified persons othe 9(a)(1) or section	r
f		If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	, Type II	l or Typ	e III sup	porting	organization,	
g		Since August 17, 2	2006, has the organiza	ition accepted any gift o	r contrib	ution fr	om any	of the f	ollowing	persons		
		(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d in (ii) a	and (III)	11 g (i)	No
		(ii) a family mem	nber of a person desc	cribed in (i) above?							11 g (ii)	
		(iii) a 35% contro	lled entity of a persor	described in (i) or (ii) a	bove?						11 g (iii)	
h		Provide the following	ng information about t	the supported organization	ons							
	() Name of Supported Organization	(u) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the ion in col I in your rning ment?	the organ	rou notify nization in (i) of upport?	organizat (i) organi	s the ion in col zed in the	(vii) Amount of Suppo	ort
					Yes	No	Yes	No	Yes	No		
	_											
Total												

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

*.,. *.

Pai	t II Support Schedule for	_			(b)(1)(A)(iv) an	d 170(b)(1)	(Α)(ν	vi)
Sac	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	t I)				· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	\top	(f) Total
_	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						7	-
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
4	Total. Add lines 1-through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support				L			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4						_	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc (see in	structions)			Ĺ	12	
	First five years. If the Form 990 organization, check this box and	stop here.		nd, third, fourth,	or fifth tax year as	s a section 50	1(c)(3	3) ▶ □
	Public support paragraph for 20			20 11 solumn (f)		1	14	0/
14 15	Public support percentage for 20 Public support percentage from	• •	``	ie 11, column (1)		-	14 15	<u>%</u> %
	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did	not check the bo		d the line 14 is 33	_		
I	33-1/3 support test - 2008. If the and stop here. The organization	e organization did	I not check a box	on line 13, or 16	a, and line 15 is 3	3-1/3% or mo	re, ch	neck this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	box and stop her	re. Explain in	Part I	IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test The organi	s' test, check this zation qualifies a	s box and stop he i s a publicly suppo	r e. Explain in irted organiza	Part I	IV how the . □
18	Private foundation. If the organi	zation did not chi	eck a box on line,	13, 16a, 16b, 17	a, or 17b, check the	nis box and s	ee ins	structions. 🕨 🗌

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

(Complete only if you checked the box on line 9 of Part 1) Section A. Public Support Calendar year (or fiscal yr beginning in)▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 216,433 193,966 410,399. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 3,839,967. 4,459,559. 6,159,628. 4,718,495. 4,757,634. 23, 935, 283. purpose Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0. 6 Total. Add lines 1 through 5 4,459,559. 6,376,061. 4,718,495. 4,951,600 3,839,967. 24,345, 682. 7a Amounts included on lines 1, 2, 3 received from disqualified 0 0 0. 0 0 0. persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0. 0 0 0 0 0 0 0. 0. 0. 0. c Add lines 7a and 7b 0. 8 Public support (Subtract line 7c from line 6) 24,345,682. Section B. Total Support (a) 2005 Calendar year (or fiscal yr beginning in) **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 3,839,967 4,459,559. 6,376,061 4,718,495. 4,951,600. 24,345,682. 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. 241 11,670 24,478 34,286 70,675. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 241 11,670 24,478 34,286 c Add lines 10a and 10b. . 70*.*675. 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 0. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0. 13 Total support. (add Ins 9, 10c, 11, and 12.) 24,416,357. 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 2009 (line 8, column (f) divided by line 13, column (f)). 15 99.7% 16 Public support percentage from 2008 Schedule A, Part III, line 15 99.8% 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 0.3% 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 0.2% 18 19a 33-1/3 support tests - 2009. 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 |X| b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990	or 990-EZ)	2009	BCVV	INC					87	-0468703		Page 4
PartiV	Supplem Part II, lir	ental Info	ormati r 17b:	on. Cor and Pa	mplete rt III. lir	this par ne 12. F	t to pro	vide the anv othe	explanatioi r additiona	ns required	by Part I	l, line 10 struction	; S.
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

BCVV INC		87-0468703
Part I Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Other Similar Fund o 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		
funds are the organization's property, subject	3	Yes No
6 Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits.	rs, and donor advisors in writing that grant funds the benefit of the donor or donor advisor or for a sfit??	s may be iny other Yes No
Part II Conservation Easements Comple	ete if the organization answered 'Yes' to	Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by Preservation of land for public use (e.g., r.) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organizati last day of the tax year.	ecreation or pleasure) Preservation of	an historically important land area certified historic structure he form of a conservation easement on the
and the same same same same same same same sam		Held at the End of the Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation ease	ments	2 b
c Number of conservation easements on a certi	fied historic structure included in (a).	2c
d Number of conservation easements included i	n (c) acquired after 8/17/06	2d
3 Number of conservation easements modified, year ▶	transferred, released, extinguished, or terminate	d by the organization during the tax
4 Number of states where property subject to co	onservation easement is located >	
and enforcement of the conservation easemen		Yes No
6 Staff and volunteer hours devoted to monitoring the year ►	ng, inspecting, and enforcing conservation easer	nents
7 Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing conservation easements	\$
8 Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	lion Yes No
include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expens to the organization's financial statements that de	scribes the organization's accounting for
Part III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line 8	Other Similar Assets
1a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or research in furtheran	nt and balance sheet works of art, historical ce of public service, provide, in Part XIV,

amounts relating to these items

(ii) Assets included in Form 990, Part X

b Assets included in Form 990, Part X .

a Revenues included in Form 990, Part VIII, line 1

(i) Revenues included in Form 990, Part VIII, line 1.

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

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

Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book Value (investment) basis (other) Depreciation 350,343 350,343. 1a Land 980,960. 173,050 807,910. **b** Buildings 64,684. c Leasehold improvements 64,684 d Equipment 179,602 133,467 46,135. 48,393 17,538. 65,931 e Other 286,610. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

BAA

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 BCVV INC		87-0468703 F	age 3
Part VII Investments-Other Securities See	Form 990, Part X, line 1	2. N/A	
(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			
Closely-held equity interests			
Other			
	_		
	-		
	_		
	-		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)			
Part VIII Investments—Program Related (See	Form 990 Part X line	13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
	(b) Book Value	Cost or end-of-year market value	
		·	
	<u> </u>		
	 		
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)			
Part IX Other Assets (See Form 990, Part X	, line 15) N/A		
	Description	(b) Book valu	
		(2) 20011 1210	· <u>·</u>
	**		
	-		
	· - ·		
Total. (Column (b) must equal Form 990, Part X, col (B),		>	
Part X Other Liabilities (See Form 990, Par			
(a) Description of Liability Federal Income Taxes	(b) Amount		
ACCRUED EMPLOYEE BENEFITS	25 751		
ACCRUED PAYROLL	35,751. 54,856.		
ACCRUED PAYROLL TAXES	1,249.		
ACCRUED VAC/SICK	22,346.		
OTHER	258.		
V LIMIL	230.		
·			
- 			

114,460

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

^{2.} FIN 48 Footnote 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.

Schedule D (Form 990) 2009 BCVV INC		7-046870	03 Page 4
Part XI Reconciliation of Change in Net Assets from Form 99	0 to Financial Statements	N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year Subtract line 2 from line 1		<u> </u>	
4 Net unrealized gains (losses) on investments		<u> </u>	
5 Donated services and use of facilities		<u> </u>	
6 Investment expenses		<u> </u>	
7 Prior period adjustments		<u> </u>	
8 Other (Describe in Part XIV)		<u> </u>	
9 Total adjustments (net) Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements Combine			<u></u>
Part XII Reconciliation of Revenue per Audited Financial Stat	ements with Revenue per R	eturn N	/A
1 Total revenue, gains, and other support per audited financial statements		1	
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	4	
d Other (Describe in Part XIV)	2 d		
e Add lines 2a through 2d 3 Subtract line 2e from line 1		2e	
	1 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	4.0		
 a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 	4a 4b	-	
c Add lines 4a and 4b	<u> 40 </u>	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12)	5	
Part XIII Reconciliation of Expenses per Audited Financial Sta			N/A
Total expenses and losses per audited financial statements	tements with Expenses per	1 1	,
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	1	
c Other losses	2c	1	
d Other (Describe in Part XIV)	2d	7	
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4ь	1	
c Add lines 4a and 4b	•	4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, Iir	ne 18)	5	
Part XIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, an line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin information.	d 9, Part III, lines 1a and 4, Part IVies 2d and 4b Also complete this p	/, lines 1b a art to provid	ind 2b; Part V, de any additional
		· -	
	-		
		- -	

Schedule D (Form 990) 2009 BCVV INC Part NV Supplemental Information (continued)	87-0468703	Page 5
Rart XIV Supplemental Information (continued)		
		-
		
	-	-
	.	- -

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

or 990-EZ.

Transactions with Interested Persons

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Schedule L (Form 990 or 990-EZ) 2009

Name of the organization						1	ployer 1			mber		
BCVV INC							7-04					
Part I Excess Benefit Transacti Complete if the organization and	i ons (sect swered 'Yes'	ion 501 on Form	l (c)(3) a n 990, Parl	nd section t IV, line 25a (501(c)(4 or 25b, or l	4) organıza Form 990-EZ,	ations Part V	s only ¹ , line	v). 40b.			
4. No. of description and					(h) Dagawatia	a af transaction					(c) Cor	rected?
1 (a) Name of disqualified pers	on				(b) Descriptio	n of transaction					Yes	No
										-		
			_							-		
												
2 Enter the amount of tax imposed on t section 4958	he organıza	tion mar	nagers or	disqualified p	ersons du	ring the year	under	> \$				
3 Enter the amount of tax, if any, on lin	e 2, above,	reimburs	sed by the	organization	l			► \$				
Part II Loans to and/or From Int	erested P	ersons	<u> </u>									_
Complete if the organization an				t IV, line 26 oi	r Form 990	-EZ, Part V, I	ine 38	3				
(a) Name of interested person and purpose		to or from anization?	(c)	Original pal amount	(d) Ba	alance due	(e) In (iefaull?	by bo	proved ard or nittee?	(g) W agree	/ritten ment?
	То	From					Yes	No	Yes	No	Yes	No
							ļ					
							1					
Total		<u> </u>	<u> </u>	► s			†					······································
Part III Grants or Assistance Be Complete if the organizat	nefitting I	nteres	ted Pers	ons.	Part IV, I	ıne 27.	<u> </u>			<u> </u>	<u> </u>	•
(a) Name of interested person	- 1			interested persor			c) Amour	nt and ty	pe of as	ssislanc	e	
			-									
Part IV Business Transactions I Complete if the organizat	nvolving l tion answe	Interes ered'Ye	ted Pers	sons. orm 990, P.	art IV, III	ne 28a, 28	b, or	28c.				
(a) Name of interested person	(b) R intere	elationship ested perso organizati	n and the	(c) Amou transacti	unt of ion \$	(d) De:	scription	of trans	action		organi	aring of zation's nues?
											Yes	No
SEE STATEMENT NOTE 1		OTE 1			318,800.	t			5		Х	ļ
SEE STATEMENT NOTE 2	SEE N	OTE 2		;	287,385.	THERAPY S	ERVIC	ES			Х	
	- 						_ -					
		-									1	

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990.

2009

OMB No 1545 0047

Open to Public Inspection

Employer identification number

87-0468703

(F)
Direct controlling
entity (F)
Direct controlling
entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A N/A (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets 501 (C) (3) 501 (C) (3) Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (D) Exempt Code section (**D)** Total income σ σ (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) U H PROVIDE SUPPORT PROVIDE HEALTH TO NON-PROFIT ORGANIZATIONS CARE TO THE (B) Primary activity (B) Primary activity ELDERLY (A) Name, address, and EIN of related organization (A)Name, address, and EIN of disregarded entity <u>ROCKY MOUNTAIN CARE - HOLLADAY INC.</u> 5242 SOUTH COLLEGE DR SUITE 205 COLLEGE DRIVE SUITE 205 MURRAY, UT 84123 MURRAY, UT 84123 Name of the organization 87-0511961 74-2715684 BCVV INC 5242 SO.

Schedule R (Form 990) (2009)

TEEA5001L 02/05/10

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Schedule R (Form 990) 2009 BCVV INC

Page 2

87-0468703

(J) General or managing partner? ŝ **partitional Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (H)
Disproportionate
allocations? ş Yes Share of total income Share of end-of-year assets Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (D) Direct controlling entity (C)
Legal
domicile
(state or
foreign (B) Primary Activity (A)
Name, address, and EIN of related organization 1 1 111 1 1 1 1 1 1 1 1 1 1 111

990, Part IV,	(H) Of-year Percentage ownership			
es' to Form	Share of enc asset			
is a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV zations treated as a corporation or trust during the tax year.)	(C) Legal domicile (state or foreign country)(D) Direct Controlling entity or trust)(E) 			
is a Corporation or Trust (Complete if the organization answ zations treated as a corporation or trust during the tax year.)	(E) Type of entity (C corp, S corp, or trust)			
rust (Complete	(D) Direct controlling entity			
rporation or T treated as a	(C) Legal domicile (state or foreign country)			
axable as a Co	(B) Primary Activity			
Identification of Related Organizations Taxable as Ine 34 because it had one or more related organizations	(A) Name, address, and EIN of related organization			

Schedule R (Form 990) (2009)

TEEA5002L 02/05/10

BAA

87-0468	anizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)	
Schedule R (Form 990) 2009 BCVV INC	Part V Transactions With Related Organizations (Complete if the organization ans	

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No
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) annuites (iii) royalties (iv) rent from a controlled entity		la X
b Gift, grant, or capital contribution to other organization(s)		1 b
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		1d X
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		
g Purchase of assets from other organization(s)		1g X
h Exchange of assets		1h X
i Lease of facilities, equipment, or other assets to other organization(s)		-1: X
j Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k
I Performance of services or membership or fundraising solicitations by other organization(s)		
m Sharing of facilities, equipment, mailing lists, or other assets		
n Sharing of paid employees		×
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		1p X
d Other transfer of cash or property to other organization(s)		1g × ×
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	transaction threshold	-
1	-	
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) ROCKY MOUNTAIN CARE - HOLLADAY INC.	J	106, 427.
(2)		
(c)		
(4)		
(5)		:
(9)		
TEEA5003L 02/05/10	Schedule	Schedule R (Form 990) (2009)

居都规则 Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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	ship through which to	the organization conc sertain investment pa	ucted mo	re than five perce	nt of its ac	tivities (m	easured by total asset o	or gross	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3)	ners Share of end-of-year assets	l-of-year S	(F) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 Form (10R5)	(H) General or managing partner?	al or ging er ?
			Yes	N _O		Yes No		Yes	٩
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ВАА		TEEA5004L 02/05/10					Schedule R (Form 990) (2009)) (066 u	2009)

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

	2009
on	Open to Public Inspection
Employer ide	ntification number

BC	VV INC 87-0468703
	FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT
-	DEE BANGERTER'S DAUGHTER IS MARRIED TO TODD WODDBURY.
	FORM 990, PART VI, LINE 3 - DESCRIPTION OF DELEGATED DUTIES TO MANAGEMENT COMPANY
	BCVV, INC CONTRACTS WITH A MANAGEMENT COMPANY, ROCKY MOUNTAIN CARE, LLC FOR
	MANAGEMENT SERVICES. THE OFFICERS AND TRUSTEES OVERSEE THE MANAGEMENT AND REVIEW OF
	FINANCIAL OPERATIONS ON A REGULAR BASIS.
	FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDE
	ORGANIZED AS A NOT-FOR-PROFIT CORPORATION - 501(C)(3)
	FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS
	NO COMMITTEE TO ACT ON BEHALF OF GOVERNING BODY
	FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS
	JON OWENS - 305 EAST 300 SOUTH BOUNTIFUL, UTAH 84101
	TODD WOODBURY - 262 HAMPTON RIDGE COURT, HENDERSON NV 89002
	FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS
	BOARD MEETING HELD TO REVIEW THE 990 BEFORE FILING.
	FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS
	ONGOING COMMUNICATION WITH OFFICERS AND TRUSTEES IN REGARDS TO BUSINESS
	TRANSACTIONS.
	FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYE
	THE BOARD MEETS WITH AN INDEPENDENT CONSULTANT TO REVIEW AND APPROVE COMPENSATION,
	WITH COMPARABILITY DATA AND PERFORMANCE MEASURES.
	FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
	UPON REQUEST THE OERGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST
	POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

	Employer identification number
BCVV INC	87-0468703
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Schedule **O** (Form 990) 2009

Page 2

2009

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 3

BCVV INC

87-0468703

11/11/10

11.22AM

PART IV - #28 A & C:

STATEMENT NOTE 1:

ROCKY MOUNTAIN CARE, LLC PROVIDES MANAGEMENT SERVICES FOR BCVV, INC. ROCKY MOUNTAIN CARE, LLC IS A DISREGARDED ENTITY INTO ROCKY MOUNTAIN HOME HEALTH, LLC, IN WHICH DEE BANGERTER IS A 50% OWNER AND AN OFFICER OF BCVV.

SHARED PHARMACY SERVICES, LLC PROVIDES PHARMACEUTICAL PRODUCTS TO BCVV, INC., IN WHICH SHARED PHARMACY SERVICES IS 50% OWNED BY ROCKY MOUNTAIN HOME HEALTH, LLC.

PART IV - #28, C; STATEMENT NOTE 2:

ALTA THERAPIES, LC(DBA: ALTA HEALTH SERVICES) PROVIDES THERAPY SERVICES TO BCVV, INC. JOHNATHAN BANGERTER, EDWARD BANGERTER AND TRAVIS BANGERTER EACH RECEIVE ANNUAL WAGES OF \$15,100 FROM ALTA THERAPIES, LC,. JOHNATHAN, EDWARD AND TRAVIS ARE SONS OF DEE R. BANGERTER WHO IS AN OFFICER OF BCVV, INC.

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Internal Revenue Service					File a se	parate ap	plication fo	r each retu	ım.					
• If yo	ou are	filing for an a	Automatic 3-Month Extension, complete only Part I and check this box											► X
• If yo	ou are	filing for an	Additional (Not A	utor	matic) 3-Mon	ıth Extens	ion, comple	ete only Pa	rt II (on	page 2 of th	is forn	1).		
Do not	comp	ete Part II un	less you have alr	read	y been grant	ed an auto	matic 3-m	onth extens	sion on a	previously	filed F	orm 8868		
Part I	A	utomatic	3-Month Exter	nsic	on of Time	Only si	ubmit orio	ınal (no	copies	needed).				
						,	•	` `	•	•				
A corpo	ration	required to f	le Form 990-T ar	nd re	equesting an	automatic	6-month e	xtension –	check t	his box and	compl	ete Part i	only	► □
			udıng 1120-C file	rs),	partnerships	, REMICS,	and trusts	must use l	Form 70	04 to reques	t an e	ktension d	of time to	file
ıncome	tax re	turns												
Electro	nic Fil	ing <i>(e-file).</i> G	enerally, you can	ele	ctronically fil	e Form 88	68 if you w	ant a 3-mo	nth auto	matic exten	sion o	time to fi	le one of	the
returns the addi	notea itional	(not automa	nths for a corpora tic) 3-month exter	ation nsio	n required to n or (2) you	file Form S	990-1). Hov 990-BL. 60	vever, you (169. or 887(cannot t 0. group	returns, or a	a comi	tronically posite or c	ıt (1) you :onsolidaf	ı want ted
Form 99	90-T. I	nstead, you i	nust submit the fi	ully	completed a	nd signed	page 2 (Pa	rt II) of For	m 8868	For more d	etails	on the ele	ctronic fil	ling of
inis forn	n, visi		/efile and click or	n <i>e-i</i>	file for Chari	ties & Non	protits.							
_		Name of Exempt Organization								Emplo	Employer Identification number			
Type or print	'													
,,		BCVV INC								87-0468703				
File by the due date fo	or [Number, street, a	nd room or suite numb	er If	a P O box, see	instructions								
iling your return Sec	e L		TH COLLEGE											
nstructions	1	City, town or post office, state, and ZIP code. For a foreign address, see instructions												
		*	UT 84123											
_		return to be	filed (file a sepa	rate	application	for each re	eturn) [.]			_				
X Forr				\vdash	Form 990-T	• •	•			Form 47	20			
$oldsymbol{arphi}$	n 990			-	Form 990-T	•	` '			Form 52:	27			
⊢	n 990			-	Form 990-T		er than abo	ve)		Form 60	59			
Forr	n 990	PF		Ш	Form 1041-/	4				Form 88	70			
• The	books	are in the car	e of ► <u>ROCKY</u>	ΜŌ	UNTAIN_C	:ARE								
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	_		s not have an offi		-									▶ 📙
			eturn, enter the or											лb,
			. If it is for part o	of the	e group, che	ck this box	. ▶ an	d attach a	list with	the names a	and Ell	Ns of all n	nembers	
		ion will cove												
			c 3-month (6 mo											
			, 20 <u>10</u> , to fi			ganization	return for	the organiz	ation na	amed above.				
In	The extension is for the organization's return for													
 X calendar year 20 09 or tax year beginning, 20, and ending, 20 														
	<u>Ш</u> '	ax year begi	nning		^{, 20}	_ , and end	ding		, 20 _	- - .				
2 If	this ta	x year is for	less than 12 mon	iths,	check reaso	n· [] ir	nitial return	Fı	nal retu	rn 🔲 C	Change	ın accou	nting peri	iod
			or Form 990-BL, 9		-PF, 990-T, 4	1720, or 60	69, enter th	ne tentative	tax, les	ss any	3a	\$		0.
b If i	this ap ade Ir	plication is f iclude any pr	or Form 990-PF o or year overpayn	or 99 ment	90-T, enter a t allowed as	ny refunda a credit	ble credits	and estima	ated tax	payments	3 b	\$		0.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c \$									0.					
Caution	. If yo	u are going t	make an electro	onic	fund withdra	wal with t	nis Form 88	868, see Fo	rm 8453	B-EO and Fo				
paymen												•		

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)

Form 8868	(Rev 4-2009)	Page 2				
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ox ▶				
Note. Only	complete Part II if you have already been granted an automatic 3-month extension on a previously fil	ed Form 8868.				
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
PartU	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies needed).				
Type or		Employer identification number				
,		For IRS use only				
File by the extended due date for filing the return. See instructions	BANGERTER, LUND & ASSOCIATES, INC. 300 SOUTH 200 WEST City, town or post office, state, and ZIP code For a foreign address, see instructions. BOUNTIFUL, UT 84010-7124					
Check type	of return to be filed (File a separate application for each return):	-				
X Form 99 Form 99	90-BL Form 990-T (section 401(a) or 408(a) trust) Form 4720	Form 8870				
STOP! Do r	not complete Part II if you were not already granted an automatic 3-month extension on a previously	filed Form 8868.				
Telepho If the or If this is whole group members th I required For ca If this T State	in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDIT	e names and EINs of all , 20 thange in accounting period IONAL TIME TO				
8a If this	HER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX Ri application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
b If this payme	fundable credits. See instructions application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax ents made. Include any prior year overpayment allowed as a credit and any amount paid previously form 8868.	8a \$ 8b \$				
c Balan with F	ce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c \$				
_	Signature and Verification					
Under penalties correct, and co	s of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and that I am authorized to prepare this form. Title CPA	pe and belief, it is true, Date ► 8/10/10				
	▼					

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)

BAA