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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form

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

Openito Public

OMB No 1545 1150

2009

	Α	For the 2009 calend	ar year, or tax year beginning //Ul , 2009, and en			, 2010
	B _	Check if applicable	C	Į£	D Employer	dentification number
		Address change Use IR	s DAVIS VOLUNTEER MEDICAL CLINIC		20-12	32463
		Name change label of	Y 11028 F MUTTON HOLLOW ROAD	Ī	Telephone	
		Initial return type	KAYSVILLE, UT 84037		(001)	544-9948
		Termination See Specii	· ·	-	(801)	344-9940
	П	Amended return Instru	G-	F	Group Ex	xemption
	П	Application pending			Number	>
		• Section 501(c.		G Accounting m		Cash X Accrual
		must á	ttach a completed Schedule A (Form 990 or 990-EZ).	Other (specif		
				H Check ► X		ganization is not
		Website: ► N/A		required to a 990-EZ, or 9		dule B (Form 990,
		Tax-exempt status (chec		<u>.</u>		
	K	Check ► X if the o	rganization is not a section 509(a)(3) supporting organization and its of	ross receipts are	e normally	not more than
		\$25,000 A Form 990-	EZ or Form 990 return is not required, but if the organization chooses to file	a return, be sure	to file a con	npiete return
	L	Add lines 5b, 6b, an	d 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Fo	rm 990		1 000
		instead of Form 990			<u>▶</u> \$	1,232.
	<u> Pa</u>	rt:l㈜ Revenue	, Expenses, and Changes in Net Assets or Fund Balanc	es (See the ir	nstruction	
		 Contributions, 	gifts, grants, and similar amounts received		1	161.
		2 Program service	ce revenue including government fees and contracts		2	
		3 Membership di	ues and assessments		3	
		4 Investment inc	ome		4	1,071.
			from sale of assets other than inventory 5a		5 (5)	
	ł		ther basis and sales expenses 5b			
			· · · · · · · · · · · · · · · · · · ·		:	
	Ë	• •	sale of assets other than inventory (Subtract In 5b from In 5a)	⊾ ″	5c	
	Ě	-	activities (complete applicable parts of Schedule G) If any amount is from gaming, chec	k nere		
	CENCE S	a Gross revenue	(not including \$of contributions		7:4	
	Ē	reported on lin	e 1)6a			
		b Less direct ex	penses other than fundraising expenses 6b		نير- رون	
		c Net income or (los	s) from special events and activities (Subtract line 6b from line 6a)		6с	
			inventory, less returns and allowances 7a		£ 1.17	
		b Less cost of g				
		_	(loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
		•) 8	
		8 Other revenue (de			- 9	1,232.
7			Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	2 000 400 1		
0 1 2010	7		· · · · · · · · · · · · · · · · · · ·	ATEMENT 1	10	25,000.
0	E	11 Benefits paid t	o or for members	\	11	
}	X	12 Salaries, other	compensation, and employee benefits ees and other payments to independent contractors int, utilities, and maintenance	اں س ^ا	12	
6	Ē	13 Professional fe	es and other payments to independent contractors	$-I(\tilde{\mathbf{v}})$	13	
ပ	N S	14 Occupancy, re	nt, utilities, and maintenance	$I_{\mathbf{C}_{\perp}}$	14	
DE(S E	· ·	cations, postage, and shipping	10 Ju .	15	
	S		COT CONTRIVEND O	, ,,	16	2,418.
			s. Add lines 10 through 16	<u> </u>	▶ 17	27,418.
SCANNED				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- 	-26,186.
\$	Δ	18 Excess or (def	ucit) for the year (Subtract line 17 from line 9) und balances at beginning of year (from line 27, column A) must ag	in	10	20,100.
₹	NS	19 Net assets or	und balances at beginning of year (from line 27, column (A)) (must ag	ree with end-of-	year	00 000
3	N S E E T	figure reported	on prior year's return)		19	88,880.
T)	Ţ	Le Caron changes	in net assets or fund balances (attach explanation)		20	
			fund balances at end of year Combine lines 18 through 20		▶ 21	62,694.
	Pa	rt'll Balance	Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more	re, file Form 990	instead of	Form 990-EZ
			(See the instructions for Part II.)	(A) Beginning		(B) End of year
	22	Cash, savings, and	d investments	88,	880. 22	62,694.
	23	Land and buildings	i l		23	
	24				24	
	25			88.	880. 25	62,694.
	26		oscribe >		0. 26	0.
	27		balances (line 27 of column (B) must agree with line 21)	88	880. 27	62,694.
	_		, - y	00,	550.[2 /]	
	RA.	A For Privacy Act a	nd Paperwork Reduction Act Notice, see separate instructions.			Form 990-EZ (2009)

	n 990-EZ (2009) DAVIS VOLUNTEEF		-123	32463 Pa	aqe 2		
Pai	rt III Statement of Program Se	rvice Accomplishment	s (See the instruction	ons.)		Expenses	
What	is the organization's primary exempt purpose? SE cribe what was achieved in carrying out to cribe the services provided, the number o	E STATEMENT 3 he organization's exempt purp	poses in a clear and co	oncise manner,	(Reg 501(orga	uired for section c)(3) and (4) nizations and sections (a)(1) trusts, option thers)	ion _.
desc	ribe the services provided, the number o ram title	t persons benefited, or other	relevant information for	each	494/ for o	(a)(1) trusts, optio thers)	nal
	PROVIDED EMERGENCY AND MI INCOME PATIENTS.	· 	CES TO INDIGEN	-			
29		nis amount includes foreign g		•	28 a	2,4	<u> 19.</u>
30	(Grants \$) If the	· · · · · · · · · · · · · · · · · · ·		•	29 a		
30							
	(Grants \$) If the	nis amount includes foreign gi	rants, check here	-	30 a		
31	Other program services (attach schedul						
		nis amount includes foreign gi	rants, check here		31 a		10
	Total program service expenses (add I		· · · · · · · · · · · · · · · · · · ·		32	2,4	
Pai	TilVi List of Officers, Directors					(e) Expense acco	
	(a) Name and address	(b) Title and average hours per week devoted to position	not paid, enter -0)	(d) Contributions employee benefit pla deferred compensa	ns and	and other allowar	nces
- - -							
<u>SEE</u>	STATEMENT 4		0.		0.		0.
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		<u> </u>					
BAA		TEEA0812L	01/30/10			Form 990-EZ (2	2009)

Par	art V Other Information (Note the statement rec	<u>juirements in the instrs for</u>	<u>r Part V.)</u>	SEE STA	TEME	:NT	5
						Yes	No
33	3 Did the organization engage in any activity not previously re	ported to the IRS / If 'Yes,' attac	th a detailed d	escription of	33		Х
	each activity						
34	Were any changes made to the organizing or governing doc	uments? If 'Yes,' attach a confor	med copy of t	he changes	34		<u>X</u>
25	5 If the organization had income from business activities, such as those report	ad on lungs 2 for and 7a (among others)	but not reported	on Form 990 T	(N)3 AVEAN IN	2	
35	attach a statement explaining why the organization did not report the income	on Form 990-T	, but not reported	UII FUIIII 550-1,			1
						*****	~ .
а	a Did the organization have unrelated business gross income	of \$1,000 or more or was it subj	ect to section	6033(e) notice,	ļ		
	reporting, and proxy tax requirements?	•			35 a		<u>X</u>
b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?				35 b		
36	6 Did the organization undergo a liquidation, dissolution, termi year? If 'Yes,' complete applicable parts of Schedule N	nation, or significant disposition	of net assets	during the	36		Х
			1 1	_	30		
37 a	7a Enter amount of political expenditures, direct or indirect, as	described in the instructions	37a	0.	· 1,	1	2 42 3
b	b Did the organization file Form 1120-POL for this year?				37 b	1	Х
					3 7	١,٠,١	· /
38 a	8a Did the organization borrow from, or make any loans to, any any such loans made in a prior year and still outstanding at	officer, director, trustee, or key	employee or	were	38 a	1 , 1	X
	any such loans made in a prior year and still outstanding at	the end of the period covered by	runs return r		30 a		_^_
ь	b If 'Yes,' complete Schedule L, Part II and enter the total					,	-, •-
_	amount involved		38b	N/A	ľ	, ,	₹ (* -
30	9 Section 501(c)(7) organizations Enter		- 1		ĺ		، تي ه
	, , , , -		30 -	N / 3	٠,		1, 1
	a Initiation fees and capital contributions included on line 9		39 a	N/A	* A*	3.	3
þ	b Gross receipts, included on line 9, for public use of club faci	lities	39 b	N/A	300	. ,52	20.37
40 a	Da Section 501(c)(3) organizations Enter amount of tax impose	ed on the organization during the	year under		7 x .		1
	section 4911 ► 0., section 4912 ►	-	-	0.	1: : 4 -	١٥٥١	14.
	Section 4511	<u> </u>				aprile 1	ZL, 2.
h	b Section 501(c)(3) and 501(c)(4) organizations Did the organ	ization engage in any section 49	958 excess be	nefit			
	transaction during the year or is it aware that it engaged in a	an excess benefit transaction wil	th a disqualifie	ed person in a			
	prior year, and that the transaction has not been reported or	any of the organization's prior l	Forms 990 or	990-EZ? If			
	Yes, complete Schedule L, Part I				40 b		_X_
_	c Section 501(c)(3) and 501(c)(4) organizations Enter amount	of tax imposed on organization	1		語為ら	38	為學習
Ŭ	managers or disqualified persons during the year under sect	ions 4912, 4955, and 4958	>	0.	3 46 3	17.	744
.1					6	14 - 1	45.4
a	d Section 501(c)(3) and 501(c)(4) organizations Enter amount by the organization	t of tax on line 40¢ reimbursed	•	0.	ĺ		
	, ,		·		٠	:	- 5 4
е	 All organizations At any time during the tax year, was the o shelter transaction? If 'Yes,' complete Form 8886-T 	rganization a party to a prohibite	ed tax		40 e		Χ,
					406		
41	1 List the states with which a copy of this return is filed NONE			 			
42 a	2a The organization's						
	books are in care of FRANK ROMNEY		Telephone	no ►			
	Located at ► 1028 E. MUTTON HOLLOW ROAD KA	YSVILLE UT	ZIP	+4 - 84037			
					ſ	Yes	No
b	b At any time during the calendar year, did the organization had financial account in a foreign country (such as a bank account.)	ave an interest in or a signature	or other autho	ority over a	42ь		X
		int, securities account, or other t	manciai accol	ant) '	420	2 3 34	<u> </u>
	If 'Yes,' enter the name of the foreign country				1. 1.		iliya Tijitma
					[. ·]	्रंी	3.215
						~;· —	1
					* *		٠.
					i	. ^	
	See the instructions for exceptions and filing requirements for Form TD F 90	-22 1, Report of a Foreign Bank and Fi	nancial Accounts	3	ŀ.]		``, '
С	c At any time during the calendar year, did the organization m	aintain an office outside of the l	JS?		42c	ł	Х
	If 'Yes,' enter the name of the foreign country				·		
	" res, enter the name of the foleign country		·····				
43							N/A
	3 Section 4947(a)(1) ponexempt charitable trusts filing Form 9	90-EZ in lieu of Form 1041 - C	heck here			_	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 9		heck here	▶ 42			
,	3 Section 4947(a)(1) nonexempt charitable trusts filing Form 9 and enter the amount of tax-exempt interest received or account.		heck here	► 43			N/A
	. , , ,		heck here	► 43	<u>-</u>		N/A
	. , , ,		heck here	▶ 43		Yes	
	and enter the amount of tax-exempt interest received or acc	rued during the tax year		▶ 43			N/A
44	and enter the amount of tax-exempt interest received or acc	rued during the tax year		► 43	44		N/A
44	and enter the amount of tax-exempt interest received or account of the organization maintain any donor advised funds? If 'Yof Form 990-EZ	rued during the tax year 'es,' Form 990 must be complete	ed instead	<u> </u>	44		N/A No
44	 and enter the amount of tax-exempt interest received or account of the organization maintain any donor advised funds? If 'No of Form 990-EZ Is any related organization a controlled entity of the organization. 	rued during the tax year 'es,' Form 990 must be complete	ed instead	<u> </u>			N/A No X
44	 and enter the amount of tax-exempt interest received or account of the organization maintain any donor advised funds? If 'No of Form 990-EZ Is any related organization a controlled entity of the organization 990 must be completed instead of Form 990-EZ. 	rued during the tax year 'es,' Form 990 must be complete	ed instead	7 If 'Yes,'	44	Yes	N/A No X

Form 990-EZ (2009) DAVIS VOLUNTEER MEDICAL CLINIC

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

for p	ublic office? If 'Yes,' complete Schedule	C, Part I			46	X
47 Did t	he organization engage in lobbying activi	ties? If 'Yes,' complete	Schedule C, Part	II	47	X
48 Is the	e organization a school as described in s	ection 170(b)(1)(A)(ii)?	f 'Yes,' complete	Schedule E	48	X
49 a Did t	he organization make any transfers to an	exempt non-charitable	related organizat	ion?	49 a	X
b If 'Ye	es,' was the related organization a section	n 527 organization?			49 b	T
50 Com	plete this table for the organization's five	highest compensated e	molovees (other:	than officers, directors, trustees	and key	
_ empl	oyees) who each received more than \$10	00,000 of compensation	from the organiza	ation If there is none, enter 'No	ne'	
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensatio	on (d) Contributions to employee benefit plans and deferred compensation	(e) Expense account an other allowan	ď
NONE						
		1				
		1				
			<u>-</u>			
		1				
				j		
						
		1				
f Total	number of other employees paid over \$	100.000				
, , , , , ,	The state of the s					
51 Com	plete this table for the organization's five	highest compensated in	dependent contra	actors who each received more	than \$100,00	0 of
comp	pensation from the organization. If there is	s none, enter 'None '				
	(a) Name and address of each independent conf	ractor paid more than \$100,000		(b) Type of service	(c) Compensa	tion
NONE						
			- 1			
			1			
-						
		<u> </u>				
		-	1			
d Total	number of other independent contractors	s each receiving over \$1	00,000	•		
	•	•	•			
	Under penalties of perjury, I declare that I have exact true, correct, and complete Declaration of preparer.	nined this return, including acco	mpanying schedules ai	nd statements, and to the best of my know	ledge and belief,	it is
	true, correct, and complete Declaration of preparer	(other than officer) is based on a	all information of which			
C:	1) mer to	///		17 Nov 2	010	
Sign Here	Signature of officer	<u> </u>				
11616		mell Board	2 Presid	ent		
	Type or print name and little			 		
			Date	Charles Pres	arer's Identifying	Number
Paid	Preparer's Signature		MRV		e instructions)	
Pre-		W, MALMROSE & E		.C.	0072488	
parer's	wours it self.		MICKSON, P		7_026702	Λ.
Use Only	address and	UTH			7-036793	
<u> </u>	BOUNTIFUL, UT 8		ctions	Phone no ► (801) 296-020 ►X Yes	_
BAA	RS discuss this return with the preparer s	HOWIT ADOVE , SEE HISTIU	CHOIS		Form 990-EZ	(2009)
					. JIII JJU-L&	. (2007)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545 0047 2009

Open to Public .

Department of the Treasury Internal Revenue Service

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

Name o	me of the organization Employer identification number											
			DICAL CLINIC							232463		
Parl		Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See ı	nstruct	ions	
The c	rga	nization is not a priv	ate foundation becau	se it is (For lines 1 thro	ugh 11,	check o	nly one	box)				
1	\Box	A church, convention	on of churches or asso	ociation of churches desc	cribed in	section	n 170(b)	(1)(A)(i)				
2												
3	П	A hospital or coope	rative hospital service	e organization described	ın secti	on 170(l	b)(1)(A)(iii).				
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's											
	name, city, and state											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6 7	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				170(b)(1)(A)(vi). (Comple	te Part I	۱)						
9												
10		An organization org	janized and operated	exclusively to test for pu	iblic safe	ety See	section	509(a)	(4).			
11												
	a Type I b Type II c Type III – Functionally integrated d Type III – Other											
е												
f		If the organization is check this box.	received a written det	ermination from the IRS	that is a	Type I,	Type II	or Type	e III sup	porting o	organization,	
g		Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the fo	llowing	persons	7	
											Yes No	
		below, the go	verning body of the si	controls, either alone or tupported organization?	together	with pe	rsons de	escribed	l ın (ıı) a	and (III)	11 g (i)	
		· ·	ber of a person desc								11 g (ii)	
		• •	•	described in (i) or (ii) al							11 g (iii)	
<u>h</u>		Provide the following	ng information about t	he supported organization			1					
	(1) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	is the ion in col d in your erning ment?	the organ	ou notify ization in (I) of upport?	(vi) i organizat (i) organi U	s the ion in col zed in the S ?	(VII) Amount of Support	
					Yes	No	Yes	No	Yes	No		
Total				٧.					,			

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

Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Sec	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	tl)							
Cale begi	ndar year (or fiscal year nning ɪn) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	13,475.	35,497.	1,253.	858.	161.	51,244.				
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.				
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.				
4	Total. Add lines 1-through 3	13,475.	35,497.	1,253.	858.	161.	51,244.				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.				
	Public support. Subtract line 5 from line 4		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	.,	The second of the second	3	51,244.				
<u>Sec</u>	tion B. Total Support										
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
7	Amounts from line 4	13,475. 35,497. 1,253. 858. 161. 51,24									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	260.	2,508.	4,429.	2,186.	1,071.	10,454.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.				
11	Total support. Add lines 7 through 10	· · · · · · · · · · · · · · · · · · ·	service or	-1 2"			61,698.				
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.				
	First five years. If the Form 990 organization, check this box and	stop here	·	nd, third, fourth,	or fifth tax year as	a section 501(c)	(3)				
<u>Sec</u>	tion C. Computation of Pul	blic Support P	'ercentage				· · · · · · · · · · · · · · · · · · ·				
15	Public support percentage for 20 Public support percentage from 3	2008 Schedule A.	Part II, line 14	•		14 15	83.1 % 88.4 %				
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pul	I not check the bo blicly supported o	x on line 13, and	the line 14 is 33	-1/3 % or more, c	heck this box ► X				
	16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization										
17 a	17a 10%-facts-and-circumstances test ~ 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization										
	b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
18 BAA	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a	a, or 17b, check th	nis box and see in	structions				

Schedule A (Form 990 or 990-EZ) 2009 DAVIS VOLUNTEER MEDICAL CLINIC 20-1232463 Page 3 Part III5. Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 **(b)** 2006 Calendar year (or fiscal yr beginning in) (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b का_{ल अ}न्तर्भ केल्या कर्ता है ह a-1, ۲. 8 Public support (Subtract line 7c from line 6) State of C Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form sımılar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) · . . 13 Total support. (add Ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % 18 %

18 Investment income percentage from 2008 Schedule A, Part III, line 17

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

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

Part:IV.	Suppl	ement	al Info	rmatio	on. Co	mplet	e this	part to	o provi	de th	e exp	anation	s requ	ired by	Part II	, line 10	raye 4
	Part II	, iine	17a or	170,	anu F	art III,	iiie i	2. PIC		iy Ot	iler ac	iuitionai	IIIIOIII	lation	<u> </u>	Struction	15.
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2009	FEDERAL STATEMENTS			PAGE 1
CLIENT 100DVMC	DAVIS VOLUNTEER MEDICAL CLINIC			20-1232463
11/01/10				01 19PN
STATEMENT 1 FORM 990-EZ, PART I, LIN GRANTS AND SIMILAR AN				
DONEE'S NAME: CASH AMOUNT GIVEN:	MIDTOWN COMMUNITY HEALTH CENTER		\$	25,000.
STATEMENT 2 FORM 990-EZ, PART I, LIN OTHER EXPENSES	E 16		-	
INSURANCE MISCELLANEOUS SUPPLIES	•		\$	1,530. 3. 755.
TAXES & LICENSE		TOTAL	\$	130. 2,418.
STATEMENT 3			<u></u>	
FORM 990-EZ, PART III ORGANIZATION'S PRIMAF	RY EXEMPT PURPOSE			
AND MENTAL HEALTH CLI	AL CLINIC WAS FORMED FOR THE PURPOSE OF PRO NICAL SERVICES TO INDIGENT AND LOW INCOME P GANIZATION OPERATES FROM SPECIFICALLY DESIG	ATIENTS	S IN D	

STATEMENT 4 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LARRY BURDETT	VICE CHAIR	\$ 0.	\$ 0.	\$ 0.
DAVIS COUNTY, UT	2.00			
GEORGE SNELL	BOARD CHAIR	0.	0.	0.
DAVIS COUNTY, UT	2.00			
FRANK ROMNEY	TREASURER	0.	0.	0.
DAVIS COUNTY, UT	2.00			
CLARA SNELL	SECRETARY	0.	0.	0.
DAVIS COUNTY, UT	2.00			

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FEDERAL STATEMENTS

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STATEMENT 4 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAVID PUTMAN	OFFICE MANAGER 2.00	\$ 0.	\$ 0.	\$ 0.
DAVIS COUNTY, UT	2.00			
GLENDA SMITH	NURSING DIRCTR 2.00	0.	0.	0.
DAVIS COUNTY, UT	2.00			
MELISSA HOLBROOK	PHARMACY DIRCTR 2.00	0.	0.	0.
DAVIS COUNTY, UT	2.00			
CLARKE BRADSHAW	BOARD 2.00	0.	0.	0.
DAVIS COUNTY, UT	2.00			
STEWART BARLOW	BOARD 2.00	0.	0.	0.
DAVIS COUNTY, UT	2.00			
LORA KIER	BOARD 2.00	0.	0.	0.
DAVIS COUNTY, UT	2.00			
TROY WOOD	BOARD	0.	0.	0.
DAVIS COUNTY, UT	2.00			
MARCIE JOHNSON	BOARD	0.	0.	0.
DAVIS COUNTY, UT	2.00			
MARK HOUSLEY	BOARD	0.	0.	0.
DAVIS COUNTY, UT	2.00			
TERESA DURBIN	BOARD	0.	0.	0.
DAVIS COUNTY, UT	2.00			
RICK WALLIN	BOARD	0.	0.	0.
DAVIS COUNTY, UT	2.00			
JOHNNIE COOK	BOARD	0.	0.	0.
DAVIS COUNTY, UT	2.00			

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FEDERAL STATEMENTS

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CLIENT 100DVMC

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STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TERRY FOUST	BOARD 2.00	\$ 0.	\$ 0.	\$ 0.
DAVIS COUNTY, UT				
SHERI MORREALE	BOARD 2.00	0.	0.	0.
DAVIS COUNTY, UT				
LISA NICHOLS	BOARD	0.	0.	0.
DAVIS COUNTY, UT	2.00			
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 5 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO