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## Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue ServiceUnder 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

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

A For the 2009 calendar year, or tax year beginning JULY 01, 2009, and ending JUNE 30, 2010

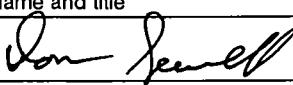
B Check if applicable Address change Name change Initial return Terminated Amended return Application pending	C Name of organization FRIENDS OF DAVIS CO CJC Doing Business As Number and street (or P O box if mail is not delivered to street address) PO BOX 618 City or town, state or country, and ZIP + 4 FARMINGTON UT 84025-0618			D Employer identification number 34-1428168
				E Telephone number (801) 451-3554
				F Gross receipts \$ 30,036
				G
				H(a) Is this a group return for affiliates? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				H(b) Are all affiliates included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				If "No," attach a list. (see instructions)
I Tax-exempt status X 501(c)(3) (insert no.)	4947(a)(1) or	527	H(c) Group exemption number ►	
J Website: ► N/A			K Form of organization X Corporation Trust Association Other ► L Year of formation 1997 M State of legal domicile UT	

## Part I Summary

A C T I V I T E S & G O V E R N A N C E	1 Briefly describe the organization's mission or most significant activities: See attachment #2		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
R E V E N U E	3 Number of voting members of the governing body (Part VI, line 1a) .....	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4	4
	5 Total number of employees (Part V, line 2a) .....	5	
	6 Total number of volunteers (estimate if necessary) .....	6	21
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 .....	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h) .....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) .....	16,770	22,743
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	1,157	363
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	892	2,028
12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,819	25,134	
E X P E N S E S	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	17,026	41,896
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....		
	b Total fundraising expenses (Part IX, column (D), line 25) ►		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	3,966	2,217
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) ►	20,992	44,113
	19 Revenue less expenses Subtract line 18 from line 12	-2,173	-18,979
	20 Total assets (Part X, line 16) ► JAN 10 2011	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26) ►	98,567	79,588
22 Net assets or fund balances Subtract line 21 from line 20	98,567	79,588	

## Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer Douglas K Miller Type or print name and title		
Date 12-30-2010			

Paid Preparer's Use Only	Preparer's signature ► 	Date 12-29-10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► DON SEWELL - T A CONSULTING INC 4952 S MANTYLA ST SALT LAKE CITY, UT 84123-4460		EIN <input type="checkbox"/>	Phone no ► (801) 261-5550
	May the IRS discuss this return with the preparer shown above? (see instructions) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

See attachment #3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .....

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .....

If "Yes," describe these changes on Schedule O.

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

4a (Code \_\_\_\_\_) (Expenses \$ 41,896 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

See attachment #4

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► \$ 41,896

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar 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	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
● 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 statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	
13 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 X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17 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 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	N/A	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	N/A	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	N/A	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
	<b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable .....	<b>1a</b>	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....		<b>N/A</b>
<i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .....		<b>N/A</b>
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		
<b>b</b>	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		<b>X</b>
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .....		<b>N/A</b>
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? .....		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		<b>N/A</b>
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		<b>N/A</b>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .....		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? .....		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders .....	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) .....	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>	<b>X</b>

**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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body...	1a	4
b	Enter the number of voting members that are independent .....	1b	4
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? ..	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? ..	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets? ..	5	X
6	Does the organization have members or stockholders? ..	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? ..	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? ..	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? ..	8a	X
b	Each committee with authority to act on behalf of the governing body? ..	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..	9a	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates? ..	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? ..	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? ..	11	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 ..	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..	12b	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done ..	12c	
13	Does the organization have a written whistleblower policy? ..	13	X
14	Does the organization have a written document retention and destruction policy? ..	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a	The organization's CEO, Executive Director, or top management official? ..	15a	X
b	Other officers or key employees of the organization? ..	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ..	16b	

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ► UT
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► See attachment #5

**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 organization'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 employee"

- 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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I T D I R I S E V T I E D U A L	T D R U S E C T E U T I O N A L	I T R S U T I T E U T I O N A L	O F F I C E R E R	K E M Y P E O Y E E E	H C E I O M G M P L E E O S N Y T S A T E D	F O R M E R			
Melinda Hibbert											
President	2.00			X					0	0	0
Elizabeth Wood											
Vice President	2.00			X					0	0	0
Beverly Lambdin											
Secretary	2.00			X					0	0	0
Teresa Flenniken											
Treasurer	2.00			X					0	0	0
Doug Miller											
Director	10.00	X							0	0	0

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I N D I V I D U A A L R	T R E C E O R A R L	I N S T U T E R U T I O N A L	O F F I C I C E R E R	K E M P L O Y E E E	H C E G M P H P L E E S N Y E O T S E E A T E D			
1b Total	.....	.....	.....	.....	.....	.....	0	0	0	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►										
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	Yes	No								
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	3	X								
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person .....	4	X								
	5	X								

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**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
G O T H E R T S R G S I R B A M U N T L A I S R O A N M S D T S	1a Federated campaigns .....	1a				
	b Membership dues .....	1b				
	c Fundraising events .....	1c 1220				
	d Related organizations .....	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, & similar amounts not included above .....	1f 21523				
	g Noncash contributions included in lines 1a-1f	\$				
	<b>h Total. Add lines 1a-1f</b>		22743			
P R O G R A M I V C E N U E	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>					
	3 Investment income (including dividends, interest, and other similar amounts) .....		363	363		
4 Income from investment of tax-exempt bond proceeds .....						
5 Royalties .....						
6a Gross Rents .....	(i) Real	(ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) .....						
7a Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses .....						
c Gain or (loss) .....						
d Net gain or (loss) .....						
8a Gross income from fundraising events (not including \$ 1220 of contributions reported on line 1c) See Part IV, line 18 .....	a 6930					
b Less direct expenses .....	b 4902					
c Net income or (loss) from fundraising events .....		2028	2028			
9a Gross income from gaming activities See Part IV, line 19 .....	a					
b Less direct expenses .....	b					
c Net income or (loss) from gaming activities .....						
10a Gross sales of inventory, less returns and allowances .....	a					
b Less cost of goods sold .....	b					
c Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	Business Code					
11a						
b						
c						
d All other revenue .....						
<b>e Total. Add lines 11a-11d</b>						
<b>12 Total revenue. See instructions</b>		25134	2391			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	41896	41896		
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 .....				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....				
10 Payroll taxes .....				
11 Fees for services (non-employees)				
a Management .....				
b Legal .....				
c Accounting .....	500	500		
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....	317	317		
13 Office expenses .....				
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	898	898		
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	492	492		
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....				
23 Insurance .....				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a License .....	10	10		
b .....				
c .....				
d .....				
e .....				
f All other expenses .....				
25 Total functional expenses. Add lines 1 through 24f	44113	41896	2217	
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

## Part X Balance Sheet

		(A) Beginning of year	(B) End of year
A S S E T S	1 Cash -- non-interest bearing . . . . .	9,536	1 22,194
	2 Savings and temporary cash investments . . . . .	89,031	2 57,394
	3 Pledges and grants receivable, net . . . . .		3
	4 Accounts receivable, net . . . . .		4
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6
	7 Notes and loans receivable, net . . . . .		7
	8 Inventories for sale or use . . . . .		8
	9 Prepaid expenses and deferred charges . . . . .		9
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	10a	
	b Less: accumulated depreciation . . . . .	10b	10c
	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 Intangible assets . . . . .		14
	15 Other assets. See Part IV, line 11 . . . . .		15
	16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	98,567	16 79,588
L I A B I L I T E S	17 Accounts payable and accrued expenses . . . . .		17
	18 Grants payable . . . . .		18
	19 Deferred revenue . . . . .		19
	20 Tax-exempt bond liabilities . . . . .		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24
	25 Other liabilities. Complete Part X of Schedule D . . . . .		25
	26 Total liabilities. Add lines 17 through 25 . . . . .	0	26 0
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets . . . . .		27
	28 Temporarily restricted net assets . . . . .		28
	29 Permanently restricted net assets . . . . .		29
N F U N D A S B S S A E L T A S C O E R S	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds . . . . .	98,567	30 79,588
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32
	33 Total net assets or fund balances . . . . .	98,567	33 79,588
	34 Total liabilities and net assets/fund balances . . . . .	98,567	34 79,588

**Part XI Financial Statements and Reporting**

		Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
N/A			

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

**Name of the organization**

FRIENDS OF DAVIS CO CJC

**Employer Identification number**

84-1428168

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(I)**.
- 2  A school described in **section 170(b)(1)(A)(II)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(III)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(III)**. Enter the hospital's name, city, and state.
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(IV)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(V)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(VI)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(VI)**. (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III-Functionally integrated
  - d  Type III-Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (I) A person who directly or indirectly controls, either alone or together with persons described in (II) and (III) below, the governing body of the supported organization?
  - (II) A family member of a person described in (I) above?
  - (III) A 35% controlled entity of a person described in (I) or (II) above?
- h Provide the following information about the supported organization(s)

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(IV) Is the organization in col. (I) listed in your governing document?	(V) Did you notify the organization in col. (I) of your support?		(VI) Is the organization in col. (I) organized in the U.S.?	(VII) Amount of support
				Yes	No		

See attachment #6

**Total**

41,896

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

Name of the organization  
**FRIENDS OF DAVIS CO CJJC**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Davis County Children's Justice Center 125 S Main St Farmington UT 84025	87-6000292	170 (b) (1)	41,896				See ATTACHMENT #4 & Part IV

2 Enter total number of section 501(c)(3) and government organizations .....

3 Enter total number of other organizations .....

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

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**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

The Friends of Davis County Children's Justice Center is a supporting organization to The Davis County Children's Justice Center. The mission statement of The Davis County Children's Justice Center states: "The Center also has an associated 501 (c) (3) Friends Board which raises funds in the community to support the programs of the Center. The Friends have no role in setting policy or even in advising the Center Director and the Director has no authority over the funds raised by the Friends." Therefore the Friends only record the amounts of the assistance, but do not determine the eligibility for the assistance, nor are there any criteria for the assistance. The funds are applied by The Davis County Children's Justice Center based entirely on their needs.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

► Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**FRIENDS OF DAVIS CO CJC**

**Employer Identification number**

**84-1428168**

Part VI, Section C, #19: anyone seeking governing documents or financial statements can contact the organization at PO Box 618, Farmington, UT 84025-0618

**PRINCIPAL OFFICER NAME AND ADDRESS**

Attachment 1: Form 990 Page 1, Line F

Open to Public Inspection	For calendar year 2009, or tax period beginning 07-01-2009, and ending	06-30-2010.
Name of Organization FRIENDS OF DAVIS CO CJC		Employer Identification Number 84-1428168

Principal officer name . . . . . Melinda Hibbert  
or

Business Name

Street Address ..... PO BOX 618

**U.S. Address:**

Zip code 84025-0618 City FARMINGTON State UT  
or

### Foreign Address

City \_\_\_\_\_

Province or State . . . . .

Postal code .....

## PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 1, Part I

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01	, and ending	06-30-2010.
Name of Organization	FRIENDS OF DAVIS CO CJC	Employer Identification Number 84-1428168		

### Primary Purpose

Support the Davis County Children's Justice Center by assisting them to have a comfortable and safe child-friendly environment for the children that come through the Center. Help with financial assistance to the Center in the investigation and prosecution of child sex abuse cases. Provide appropriate mental health assessment of children who come through the Center. Provide training for law enforcement and children protective services personnel regarding the interviewing of children who may be abused and the related investigation process.

## PRIMARY EXEMPT PURPOSE

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01	, and ending	06-30-2010.
Name of Organization				Employer Identification Number
FRIENDS OF DAVIS CO CJC				84-1428168

### Primary Purpose

Support the Davis County Children's Justice Center by assisting them to have a comfortable and safe child-friendly environment for the children that come through the Center. Help with financial assistance to the Center in the investigation and prosecution of child sex abuse cases. Provide appropriate mental health assessment of children who come through the Center. Provide training for law enforcement and children protective services personnel regarding the interviewing of children who may be abused and the related investigation process.

## PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning	07-01-2009, and ending	06-30-2010.
Name of Organization FRIENDS OF DAVIS CO CJC			Employer Identification Number 84-1428168
Part III - Statement of Program Service Accomplishments			
Code:	Expenses	41,896	including Grants of Exempt Purpose Achievements

DAVIS COUNTY GOVERNMENT: Davis County, Utah, on behalf of the Davis County Children's Justice Center, assessed the Friends of the Davis County Children's Justice Center to assist it's operating budget. Provided legal fees and budget assistance for the county to pay attorneys to prosecute child abuse cases and to operate and maintain the Davis County Children's Justice Center. Part of funds were used by the County to provide training to 35 children protective services personnel of the County.

# BOOKS ARE IN CARE OF

Attachment 5: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01	, and ending	06-30-2010.
Name of Organization FRIENDS OF DAVIS CO CJC			Employer Identification Number 84-1428168	

Part VI - Line 91a

Individual Name ..... Teresa Flenniken

or

Business Name:

Street Address ..... 125 S Main

U S Address

Zip code 84025 City Farmington State UT

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (801) 451-3554

Fax Number .....

## INFORMATION ABOUT SUPPORTED ORGANIZATIONS

Attachment 6: Sch A Page 1, Part I, Line 11h - Info About Supported Orgs

Open to Public Inspection	For calendar year 2009 or tax period beginning		07-01-2009, and ending		06-30-2010.	
<b>Name of Organization</b> FRIENDS OF DAVIS CO CJC				<b>Employer Identification Number</b> 84-1428168		
(a) Name(s) of Supported Organization(s)	Employer EIN	Line No (1 to 9) or IRC Section	Governing Documents	Notify org of support	Organization in the U.S.	Amount of Support
Davis County Children's Justice Center	87-6000292	6	X		X	41,896