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# Form **990-EZ**

# 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)

2012

OMB No 1545-1150

Department of the Treasury Internal Revenue Service Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

Open to Rublic

Additions of the Comparison of the Organization is not a section 509(a)(3) supporting organization or a section 509(a)(3) supporting organization organizat	A		he 2012 calendar year, or tax year beginning 7/01 , 2012, and ending 6/30	, 2013
DAYTS VOLUNTEER MEDICAL CLINIC   20-1132/463   E Telephone number   (801) 544-9948   KAYSVILLE, UT 84037   KAYSVILLE, UT 84037   F Group Exemption   (801) 544-9948   F Group Exemption   Application primary   F Group Exemption   (801) 544-9948   F Group Exemption   Application primary   F Group Exemption   (801) 544-9948   F Group Exemption   Website: N/A   F Group Exemption   F Gro	R			mployer identification number
Temparate value   Temparate   10.28 E. MUTTON HOLLOW ROAD   KAYSVILLE, UT 840.37   KAYSVI	H		DAVIC VOLUMBED MEDICAL CLIMIC	20-1232463
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Septication pensions	П	Termin	aled KAYSVILLE, UT 84037	(801) 544-9948
Number   N		Amend	F G	Group Exemption
Website: * N/A   Tax-exempt status (chick only only) -		Applica	ation pending N	
Tax-exempt status (check endy one) —	G			
K Check *   X  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines \$b\$, \$c\$, and 7b\$, to line \$1\$ determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.  Part I.   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I.  1 Contributions, gifts, grants, and similar amounts received  2 Program service revenue including government fees and contracts  3 Membership dues and assessments.  4 Investment income  5 a Gross amount from sale of assets other than inventory  5 b Less cost or other basis and sales expenses  c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Gaming and fundraising events  a Gross income from gaming (attach Schedule G if greater than \$15,000)  b Gross income from fundraising events (not including \$ of contributions)  c Less direct expenses from gaming and fundraising events (not including \$ of contributions)  b Less cost of goods sold  d Net income of (loss) from gaming and fundraising events (not including \$ of contributions)  6 a Gross profit or (loss) from gaming and fundraising events (not including \$ of contributions)  6 a Cores profit or (loss) from gaming and fundraising events (not including \$ of contributions)  6 a Cores profit or (loss) from gaming and fundraising events (not including \$ of contributions)  6 a Cores profit or (loss) from gaming and fundraising events (not including \$ of contributions)  7 c Gross sales of inventory, less returns and allowances (loss)  9 Total reven	ı			
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Instructions) But if the organization chooses to file a return, be sure to file a complete return    Add lines 5h, 6c, and 7h, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	K			
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Ta Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c  8 Other revenue (describe in Schedule O) 8  Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 10  11 Benefits paid to or for members 11  22 Salaries, other compensation, and employee benefits 12  13 Professional fees and other payments to independent contractors 13  14 Occupancy, rent, utilities, and maintenance 14  15 Printing, publications, postage, and shipping 15  16 Other expenses (describe in Schedule O) 16 1,874.  17 Total expenses. Add lines 10 through 16 17 1,874.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -1,645.  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 60,061.  20 Other changes in net assets or fund balances (explain in Schedule O) 20  Net assets or fund balances at end of year Combine lines 18 through 20 21 58,416.			6b and subtract line 6c)	6 d
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subfract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 58,416.			Gross sales of inventory, less returns and allowances $0.00000000000000000000000000000000000$	1 1
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 229. 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 229. 229. 229. 30 229. 31 0 32 0 32 0 33 0 34 0 35 0 36 0 37 0 38 0 38 0 39 0 329. 30 0 30 0 30 0 30 0 30 0 30 0 30 0 30		1	Less cost of goods sold \\ \[ \lambda \] \\ \[ \lambda \]	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 229. 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 229. 229. 30 30 30 30 31 30 31 31 31 31 31 31 31 31 31 31 31 31 31	<b>E</b>	С		
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 58, 416.	$\overline{\sim}$	8		<del></del>
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 58,416.	<u></u>	9	. · · · · · · · · · · · · · · · · · · ·	
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 58, 416.			·	<del></del>
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Net assets or fund balances at end of year (combine lines 18 through 20  19  10  17,043.  19  60,061.  20  20  21  Net assets or fund balances at end of year Combine lines 18 through 20  21  58,416.	σ	1	·	<del></del>
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Net assets or fund balances at end of year (combine lines 18 through 20  19  10  17,043.  19  60,061.  20  20  21  Net assets or fund balances at end of year Combine lines 18 through 20  21  58,416.	ζ <u>¥</u>			h
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Net assets or fund balances at end of year (combine lines 18 through 20  19  10  17,043.  19  60,061.  20  20  21  Net assets or fund balances at end of year Combine lines 18 through 20  21  58,416.	ď			<del></del>
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Net assets or fund balances at end of year (combine lines 18 through 20  19  10  17,043.  19  60,061.  20  20  21  Net assets or fund balances at end of year Combine lines 18 through 20  21  58,416.	紧			<del></del>
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Net assets or fund balances at end of year (combine lines 18 through 20  19  10  17,043.  19  60,061.  20  20  21  Net assets or fund balances at end of year Combine lines 18 through 20  21  58,416.	氢	1	CED COURDINE O	<del></del>
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Net assets or fund balances at end of year (combine lines 18 through 20  19  10  17,043.  19  60,061.  20  20  21  Net assets or fund balances at end of year Combine lines 18 through 20  21  58,416.			The expenses (describe in contiduct of	
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Net assets or fund balances at end of year (combine lines 18 through 20  19  10  17,043.  19  60,061.  20  20  21  Net assets or fund balances at end of year Combine lines 18 through 20  21  58,416.	<del>ŏ,</del>			<del>++</del>
21 Net assets or fund balances at end of year Combine lines 18 through 20 > 21 58,416.		1 '5		<del></del>
21 Net assets or fund balances at end of year Combine lines 18 through 20 > 21 58,416.	NS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	
21 Net assets or fund balances at end of year Combine lines 18 through 20 > 21 58,416.	τĘ	20		0070011
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	ВА	<u> </u>		Form <b>990-EZ</b> (2012)

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	n 990-EZ (2012) DAVIS VOLUNTEER			20	-123	32463 Page 2
(Ra	Balance Sheets. (see the ins	structions for Part II.)	estion in this Part II			
	Check if the organization used Sche	edule O to respond to any qu		A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments			60,061		58,416.
23	Land and buildings		<u></u>		23	
24 25	Other assets (describe in Schedule O)  Total assets		-	60.061	24	FO. 41.C
26	Total liabilities (describe in Schedule O)	)		60,061 0		58,416. 0.
	Net assets or fund balances (line 27 of		line 21)	60,061	<del></del>	58,416.
Pai	ktilli Statement of Program Service Ac					Expenses
What	Check if the organization used Sc is the organization's primary exempt purpose? SEI		question in this Part III	[X]		uired for section 501 and 501(c)(4)
Desc	cribe the organization's primary exempt purposer. SEI	CCOMPLISHMENTS for each of	its three largest progra	m services, as	orgar	nizations and section (a)(1) trusts, optional
mea	cribe the organization's program service a sured by expenses. In a clear and concise efited, and other relevant information for e	e manner, describe the servi	ces provideď, thé núml	per of persons		hers)
28	PROVIDED EMERGENCY AND ME INCOME PATIENTS.					
		is amount includes foreign g	rants check here		28 a	1 074
29	(Grants \$	is arriount includes loreigh g	rants, check here		20 4	1,874.
					1	
					1	
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		29 a	
30					ł	
	(Grants \$ ) If th	is amount includes foreign g	rants, check here	F	30 a	
31	Other program services (describe in Sch	edule O)				
		is amount includes foreign g	rants, check here		31 a	<del></del>
32	Total program service expenses (add lin	nes 28a through 31a)			32	1,874.
Par	List of Officers, Directors, Check if the organization used Sc	hedule O to respond to any	DIOYEES. List each one evaluestion in this Part IV	en if not compensated	(see th	e instructions for Part IV
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099-MISC) (If not paid, enter -0-)	(d) Health becate	loyee	(e) Estimated amount of other compensation
SEE	SCHEDULE_Q					<del></del>
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Page 2

Page 3

Pa	tW Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHED the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ULE	0	X
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	163	X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	<u> </u>	ļ	<u> </u>
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	<u> </u>	-	一
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		х
	Did the organization undergo a liquidation, dissolution, termination, or significant	330		<u>-^</u>
30	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   0.			
Ł	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	ప≛్డి 38 a	<u> </u>	- 5:2 X
Ł	If 'Yes,' complete Schedule L, Part II and enter the total	و المانو "	- · · · ·	
20	amount involved 38b N/A	****		[
	Section 501(c)(7) organizations Enter		<b>E</b>	7
	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  39a  N/A  39a  N/A			and sim
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			Asset .
L	section 4911 \( \text{0., section 4912} \( \text{0., section 4955} \( \text{0.} \)  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit.		<b>***</b>	
L	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	ن دهندار کارکند		
	on any of its prior 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 managers or disqualified persons during the year under sections 4912, 4955, and 4958		*	1
لم	managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed			9
C	by the organization by the organizations by the organization by the organization			
			44.7	Sec. 544 31
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax	Print LEGA	ALWEST	30.00 A
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE	40 e		X
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e	, , , , , , , , , , , , , , , , , , ,	X
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE	40 e		X
41	Shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE  The organization's		- 994	
41	Shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE  The organization's books are in care of FRANK ROMNEY  Telephone no. (801)		-994	
41 42 a	Shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE  The organization's books are in care of FRANK ROMNEY  Located at 1028 E. MUTTON HOLLOW ROAD KAYSVILLE UT  Telephone no. (801)  ZIP + 4 8 4 0 37		-994 Yes	
41 42 a	Shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE  The organization's books are in care of FRANK ROMNEY  Telephone no. (801)			18
41 42 a	Shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE  The organization's books are in care of FRANK ROMNEY  Located at 1028 E. MUTTON HOLLOW ROAD KAYSVILLE UT  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	544		18
41 42 a	Shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE  The organization's books are in care of FRANK ROMNEY  Located at 1028 E. MUTTON HOLLOW ROAD KAYSVILLE UT  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)?	544 42b	Yes	18
41 42 a	Shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE  The organization's books are in care of FRANK ROMNEY  Located at 1028 E. MUTTON HOLLOW ROAD KAYSVILLE UT  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)?	544 42b	Yes	18
41 42 a	Shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE  The organization's books are in care of FRANK ROMNEY  Located at 1028 E. MUTTON HOLLOW ROAD KAYSVILLE UT  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)?	544 42b	Yes	18
41 42 a	Shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE  The organization's books are in care of FRANK ROMNEY  Located at 1028 E. MUTTON HOLLOW ROAD KAYSVILLE UT  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)?	544 42b	Yes	18
41 42 a E	Shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE  The organization's books are in care of FRANK ROMNEY  Located at 1028 E. MUTTON HOLLOW ROAD KAYSVILLE UT  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)?  If 'Yes,' enter the name of the foreign country In a for	544 42b	Yes	18
41 42 a E	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	544 42b	Yes	No X
41 42 a E	Shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filled NONE  The organization's books are in care of FRANK ROMNEY  Located at 1028 E. MUTTON HOLLOW ROAD KAYSVILLE UT  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)?  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  At any time during the calendar year, did the organization maintain an office outside of the U S ?	544 42b	Yes	No X
41 42 a E	Shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filled NONE  The organization's books are in care of FRANK ROMNEY  Located at 1028 E. MUTTON HOLLOW ROAD KAYSVILLE UT  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)?  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  At any time during the calendar year, did the organization maintain an office outside of the U S ?	544 42b	Yes	No X
41 42 a E	Shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filled NONE  The organization's books are in care of FRANK ROMNEY  Located at 1028 E. MUTTON HOLLOW ROAD KAYSVILLE UT  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)?  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  At any time during the calendar year, did the organization maintain an office outside of the U S ?	544 42b	Yes	No X
41 42 a	Shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filled NONE  The organization's books are in care of FRANK ROMNEY  Located at 1028 E. MUTTON HOLLOW ROAD KAYSVILLE UT  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)?  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  At any time during the calendar year, did the organization maintain an office outside of the U S ?	544 42b	Yes	No X
41 42 a	Shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filled NONE  The organization's books are in care of FRANK ROMNEY Located at 1028 E. MUTTON HOLLOW ROAD KAYSVILLE UT  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)?  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  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country If 'Yes,' enter t	544 42b	Yes	No X
41 42 a	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U S?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U S?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U S?  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	544 42b	Yes	No X X X
41 42 a b	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U S?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account, or other financial account)?  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  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	544 42b 42c	Yes	No X X X N/A N/A N/A
41 42 a b	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization have an interest in or a signature or other financial account)?  If 'Yes,' enter the name of the foreign country \(^\begin{align*} \begin{align*} \	544 42b 42c	Yes	No X X X N/A N/A
41 42 a b	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U S?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account, or other financial account)?  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  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	544 42b 42c	Yes	No X X X N/A N/A N/A No X X
41 42 a b	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U S?  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 Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed forms to completed	544 42b 42c	Yes	No X X X N/A N/A No X X
41 42 a b c c c c c c c c c c c c c c c c c c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U S?  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  At any time during the calendar year, did the organization maintain an office outside of the U S?  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  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?	544 42b 42c	Yes	No X X N/A N/A No X X
41 42 a b c c c c c c c c c c c c c c c c c c	Shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed \times \frac{NONE}{NONE}  The organization's books are in care of \times \frac{FRANK ROMNEY}{ROAD ROAD RAYSVILLE UT}  Located at \times \frac{1028 E. MUTTON HOLLOW ROAD RAYSVILLE UT}{2IP + 4 \times \frac{84037}{84037}}  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)?  If 'Yes,' enter the name of the foreign country \times  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country \times  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yo,' provide an explanation in Schedule O  If 'Yo,' provide an explanation in Schedule O	544 42b 42c 44a 44b 44c	Yes	No X X X N/A N/A No X X
41 42 a b c c c c c c c c c c c c c c c c c c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U S?  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  At any time during the calendar year, did the organization maintain an office outside of the U S?  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  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?	544 42b 42c 44a 44b 44c 44d 45a	Yes	No X X X X X X
41 42 a b c c c 45 a 45 a	Shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed \times \frac{NONE}{NONE}  The organization's books are in care of \times \frac{FRANK ROMNEY}{ROAD ROAD RAYSVILLE UT}  Located at \times \frac{1028 E. MUTTON HOLLOW ROAD RAYSVILLE UT}{2IP + 4 \times \frac{84037}{84037}}  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)?  If 'Yes,' enter the name of the foreign country \times  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country \times  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yo,' provide an explanation in Schedule O  If 'Yo,' provide an explanation in Schedule O	42 b 42 c 42 c 44 a 44 b 44 c	Yes	No X X X X X X

Form	m 990-EZ (2012) DAVIS VOLUNTEER MEDICAL CLINIC	20-1232	463	P	age 4
46	Did the organization engage, directly or indirectly, in political campaign activities on be candidates for public office? If 'Yes,' complete Schedule C, Part I	ehalf of or in opposition to	46	Yes	<del>-</del> -
	All section 501(c)(3) organizations must answer questions 47-49 for lines 50 and 51.	b and 52, and complete the		s	^_
	Check if the organization used Schedule O to respond to any question in this P	art VI			
	Did the organization engage in lobbying activities or have a section 501(h) election in effect of complete Schedule C, Part II	during the tax year? If 'Yes,'	47	Yes	No X
48 49 a b	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete a Did the organization make any transfers to an exempt non-charitable related organization b If 'Yes,' was the related organization a section 527 organization?	tion?	48 49 a 49 b		X
	employees) who each received more than \$100,000 of compensation from the organization [				
	(a) Name and title of each employee paid more than \$100,000 (b) Average hours per week devoted to position (c) Reportable competer week devoted to position (Forms W-2/1099-M	(d) Health benefits, nsation (ISC) (d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
NON	NE			_	
51	f Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent contractors compensation from the organization. If there is none, enter 'None'	who each received more than \$100	),000 of		
	(a) Name and address of each independent contractor paid more than \$100,000 (I	P) Type of service	(c) Compe	ensation	1
NON	<u>NE</u>				
52	d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations a charitable trusts must attach a completed Schedule A		► X Yes		No
Under p	er penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, a correct, and complete. Declaration of preparer (other than officer) is pased on althogramation of which preparer has ar	nd to the best of my knowledge and belief, by knowledge	ıt ıs		
Sign Here	re George F. Snell Dana Cha	Date	3		
	Type or print name and title U  Print/Type preparer's name  Preparer's manual Preparer's manual Date  Attri	2 6 2013 Check If			
Paid	d CLARKE R. BRADSHAW	. C.	0072488	8	
Prepa Use C	e Only Firm's address > 559 WEST 500 SOUTH  BOUNTIFUL, UT 84010	<del></del>	7-0367 296-0		
	BOORTIFUL, UT UTUIU	1 1001)	200	<u>,                                    </u>	

TEEA0812L 03/14/13

May the IRS discuss this return with the preparer shown above? See instructions

► X Yes No Form 990-EZ (2012)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

Employer identification number

		VOLUNTEER MED								23246			
Par				(All organizations					See i	nstruct	ions.		
The o		•		e it is (For lines 1 thro	-		-	•					
1	Ш			ciation of churches des		sectio	n 170(b)	(1)(A)(i)	•				
2		A school described in	n <b>section 170(b)(1)(A</b>	<b>)(ii).</b> (Attach Schedule E	Ξ)								
3		A hospital or a coope	erative hospital servic	ce organization describe	ed in se	tion 17	0(b)(1)(A	4)(iii).					
4		A medical research o	organization operated	in conjunction with a h	nospital	describe	ed in <b>se</b> c	tion 17	0(b)(1)(	A)(iii) E	nter the ho	spital's	S
		name, city, and state					<b>_</b> _						
5	닏	1 <b>70(b)(1)(A)(iv)</b> . (Co	mplete Part II )	college or university own	·	•	-		l unit des	scribed ir	section		
6			-	overnmental unit descri									
7	岩	in section 170(b)(1)(A	A)(vi). (Complete Pa			_	iental un	it or fron	n the ger	neral pub	lic describe	t	
8	Ш	A community trust de	escribed in section 13	<b>70(b)(1)(A)(vi).</b> (Comple	te Part I	l.)							
9		An organization that no related to its exempt fu unrelated business taxable (Complete Part III.)	rmally receives (1) mo unctions — subject to c le income (less section 5°	re than 33-1/3% of its sup ertain exceptions, and (2 11 tax) from businesses acq	port from ) no mor uired by th	n contribi e than 3 ne organia	utions, m 3-1/3% c zation afte	embersh of its sup er June 30	ip fees, a port fron ), 1975 S	and gross n gross II See <b>sectio</b>	receipts front nvestment in n 509(a)(2).	m actr ncome	vities and
10	$\prod$	An organization orga	nized and operated e	exclusively to test for pu	ublic safe	ety. See	section	509(a)	(4).				
11		An organization organiz supported organization supporting organizati	ed and operated exclusives described in section on and complete line	sively for the benefit of, to 509(a)(1) or section 509 is 11e through 11h	perform (a)(2) Se	the func ee <b>sectio</b>	tions of, on 509(a)	or carry ( <b>3).</b> Chec	out the p ck the bo	urposes ox that de	of one or mo escribes the	re pub type o	licly f
		a ∏Type∣ b	Type II c	Type III - Function	nally inte	grated	,	d 🗌 -	Гуре III	- Non-f	unctionally	ıntegr	ated
е	ш	By checking this box, other than foundation r section 509(a)(2)	, I certify that the org managers and other th	anization is not control- an one or more publicly s	led direction	tly or in Lorganiz	directly ations d	by one escribed	or more in section	disqual on 509(a)	ified persor (1) or	าร	
f			eived a written determi	nation from the IRS that i	s a Туре	І, Туре	II or Typ	e III sup	porting c	organizati	on,		П
g			06. has the organizati	on accepted any gift o	r contrib	ution fr	om anv	of the fo	ollowina	persons	,7		
9		,,,,,	-, g				<b>,</b>					Yes	No
		<ul><li>(i) A person who obelow, the gove</li></ul>	lirectly or indirectly c erning body of the su	ontrols, either alone or pported organization?	togethe	with pe	ersons d	escribe	d ın (ıı)	and (III)	11 g (i)		
		(ii) A family memb	er of a person descri	bed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide the following	information about th	e supported organization	on(s)						,		L
		(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (	s the ation in ) listed in verning ment?	(v) Did yo the organ column ( supp	ızatıon in i) of your	organiz colur	s the cation in nn (i) ed in the S ?	(vii) Amoun sup	t of mor	netary
					Yes	No	Yes	No	Yes	No			
(A)							_						
(B)													
·					<u> </u>								
(C)	<del></del>						<del> </del> -						
(D)					ļ	-							
(E)			<u> </u>										
Total				- 2	· .		ŗ^,			Clork			

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	858.	161.	220.	1,174.	85.	2,498.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	858.	161.	220.	1,174.	85.	2,498.	
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)	and a first that they at			Action to the second se		0.	
6	Public support. Subtract line 5 from line 4		8 . 50 S				2,498.	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total	
7	Amounts from line 4	858.	161.	220.	1,174.	85.	2,498.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,186.	1,071.	267.	235.	145.	3,904.	
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	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					6,402.	
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth t	ax year as a section.	n 501(c)(3)	▶ []	
	tion C. Computation of Pu							
	Public support percentage for 20	•	``	ie 11, column (f)).		14	39.02%	
15	Public support percentage from	2011 Schedule A,	Part II, line 14			15	30.93 %	
16 a	16 a 33-1/3% support test — 2012. 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	b 33-1/3% support test — 2011. 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	17 a 10%-facts-and-circumstances test — 2012. 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.							
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ition qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	IV how the ►	
	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a, —————	or 17b, check the	s box and see inst	tructions	
BAA					Sch	edule A (Form 99)	0 or 990-FZ) 2012	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	<del></del>		<del>-i</del>			
Calen	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants )						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	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.						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)			大学の大学	學演员		
Sec	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Calend	dar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	(e) 2012	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		,				
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			<u> </u>			<del></del>
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c 11, and 12)						
	First five years. If the Form 990 organization, check this box and			nd, third, fourth, c	or fifth tax year as	a section 501(c)(3)	▶ []
Sec	tion C. Computation of Pu						
15	Public support percentage for 20	• •	• •	ne 13, column (f))	)	15	%
16	Public support percentage from	2011 Schedule A,	Part III, line 15			16	ે
Sec	tion D. Computation of Inv	estment Incon	ne Percentage	?			
17	Investment income percentage f	or 2012 (line 10c,	column (f) divide	d by line 13, colu	ımn (f)) .	17	96
18			la A Dani III lina	17		18	%
10 -	Investment income percentage f	rom <b>2011</b> Schedul	ie A, Part III, line	17		1 1	
ısa	33-1/3% support tests – 2012. It is not more than 33-1/3%, check	f the organization	did not check the	box on line 14, a	and line 15 is mor as a publicly supp	e than 33-1/3%, an	
	33-1/3% support tests - 2012. if	f the organization of this box and <b>stop</b> of the organization	did not check the here. The organdid not check a b	box on line 14, a lization qualifies a ox on line 14 or l	as a publicly supp line 19a, and line	e than 33-1/3%, and orted organization 16 is more than 33-	d line 17 ► []

	(Form 990 or 990-EZ) 2012	DAVIS VOLUNT	EER MEDICAL	_ CLINIC	20-1232463	Page 4
PartilV	Supplemental Informati Part II, line 17a or 17b, (See instructions).	ion. Complete th and Part III, line	nis part to prov 12. Also com	ride the explanation olete this part for an	s required by Part II, line าy additional information	10;
<b>-</b>			_ <b></b>			
		<b></b>				
		·				
<b></b> -		. <b></b> .				
		· <b></b>				
		·				
		·		- <b></b>		

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to publicate linspection

Name of the organization	Employer identification number
DAVIS VOLUNTEER MEDICAL CLINIC	20-1232463
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
DAVIS VOLUNTEER MEDICAL CLINIC WAS FORMED FOR THE PURPOSE OF PR	OVIDING EMERGENCY
AND MEDICAL HEALTH CLINICAL SERVICES TO INDIGENT AND LOW INCOME	PATIENTS IN DAVIS
COUNTY, UTAH. THE ORGANIZATION OPERATES FROM SPECIFICALLY DESI	GNATED FUNDS
RECEIVED FROM THE UNITED WAY OF SALT LAKE AND FROM DONATED MEDI	CAL SERVICES AND
SUPPLIES PROVIDED BY MEDICAL PROFESSIONALS WITHIN THE DAVIS COU	NTY COMMUNITY.
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?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIREC	TLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO NO
	_:

2012	SCHEDULE O - SUPPLEMENTAL INFORMATION	PAGE 2
CLIENT 100DVMC	DAVIS VOLUNTEER MEDICAL CLINIC	20-1232463
8/24/13 FORM 990-EZ, PA OTHER EXPENSE	ART I, LINE 16 ES	01 48PM
INSURANCE TAXES & LICENS		\$ 1,744. 130. \$ 1,874.

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

NAME AND ADDRESS	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
LARRY BURDETT VICE CHAIR	2	\$ 0.	\$ 0.	\$ 0.
GEORGE SNELL BOARD CHAIR	2	0.	0.	0.
FRANK ROMNEY TREASURER	2	0.	0.	0.
CLARA SNELL SECRETARY	2	0.	0.	0.
DAVID PUTMAN OFFICE MANAGER	2	0.	0.	0.
GLENDA SMITH NURSING DIRCTR	2	0.	0.	0.
MELISSA HOLBROOK PHARMACY DIRCTR	2	0.	0.	0.
CLARKE BRADSHAW BOARD	2	0.	0.	0.
STEWART BARLOW BOARD	2	0.	0.	0.
SOLEDAD BUENAVENTURA BOARD	2	0.	0.	0.
LUCY LOPEZ BOARD	2	0.	0.	0.
DIANE TOWNSEND BOARD	0	0.	0.	0.
TROY WOOD BOARD	2	0.	0.	0.
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## **SCHEDULE O - SUPPLEMENTAL INFORMATION**

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**CLIENT 100DVMC** 

### DAVIS VOLUNTEER MEDICAL CLINIC

20-1232463

8/24/13

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

NAME AND ADDRESS	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
MARK HOUSLEY BOARD	2	\$ 0.	\$ 0.	\$ 0.
MEG KNEEDY BOARD	0	0.	0.	0.
TERESA DURBIN BOARD	2	0.	0.	0.
RICK WALLIN BOARD	2	0.	0.	0.
JOHNNIE COOK BOARD	2	0.	0.	0.
TERRY FOUST BOARD	2	0.	0.	0.
SHERI MORREALE BOARD	2	0.	0.	0.
LISA NICHOLS BOARD	2	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	<u>\$</u> 0.