Form 990-EZ

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018 Short Form **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Ā	For the	e 2017 calendar year, or tax year beginning	and en	ding			
B	Check if	C Name of organization			D Emp	loyer id	entification number
	_	ess change					
	_	e change WEBER COUNTY MEDICAL SOCIETY	8	87-0620728			
	_	Number and street (or P.O box, if mail is not delivered to street a	E Telephone number				
	Final	return/ 1801 ACORN CIR			81	01-6	21-5470
	Amer	City or town, state or province, country, and ZIP or foreign posta	l code	5/5	F Grou	up Exem	ption
		ation pending OGDEN, UT 84403			Nun	nber 🕨	•
G		nting Method X Cash Accrual Other (specify)			H Che	ck 🖊	X if the organization is
1 '	Websi	te: ►N/A			not	required	to attach Schedule B
J ·	Tax-ex	tempt status (check only one) $ X$ 501(c)(3) 501(c) ()	nsert no.) 4947(a)(1)	or 527	(For	m 990, 9	990-EZ, or 990-PF)
_		of organization X Corporation Trust Association	Other				
L	Add lin	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are	\$200,000 or more, or if tota	l assets (Part I	Ι,		
(column	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				▶ \$	4,806.
P	art I	Revenue, Expenses, and Changes in Net Assets	or Fund Balances	(see the instru	ctions	for Part	1)
		Check if the organization used Schedule O to respond to any question in	this Part I				X
	1	Contributions, gifts, grants, and similar amounts received				1	3,910.
	2	Program service revenue including government fees and contracts				2	
	3	Membership dues and assessments				3	
	4	Investment income	SEE SCHED			4	859.
	5a	Gross amount from sale of assets other than inventory	5a		37.		
	b	Less: cost or other basis and sales expenses		- 1			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from		5c	37.		
	6	Gaming and fundraising events					
<u>•</u>	a	Gross income from gaming (attach Schedule G if greater than					
Revenue	ļ	\$15,000)					
ě	Ь	Gross income from fundraising events (not including \$	of contribution	S			
_		from fundraising events reported on line 1) (attach Schedule G if the sum o	1				
		gross income and contributions exceeds \$15,000)	6b				
	c	Less: direct expenses from gaming and fundraising events	6c				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and	6b and subtract line 6c)		L	6d	
	7a	Gross sales of inventory, less returns and allowances	7a				
	b	Less cost of goods sold	7b				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			Ļ	7c	
	8	Other revenue (describe in Schedule O)			Ļ	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	DECENT			9	4,806.
	10	Grants and similar amounts paid (list in Schedule 0)	RECEIV		Ļ	10	
	11	Benefits paid to or for members		S	Ļ	11	
es	12	Salaries, other compensation, and employee benefits	없 NOV 1 6 2	018	1	12	
Expense	13	Professional fees and other payments to independent contractors		RS-	-	13	
X	14	Occupancy, rent, utilities, and maintenance	OCDEN		-	14	
_	15	Printing, publications, postage, and shipping	OGDEN,			15	2 276
	16	Other expenses (describe in Schedule 0)	SEE SCHED	₩₽Ē—Θ ~		16	2,376.
_	17	Total expenses. Add lines 10 through 16		 		17	2,376.
ţţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			-	18	2,430.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					E4 E20
ž A		(must agree with end-of-year figure reported on prior year's return)	משט ממנים		-	19	54,538.
ž	20	Other changes in net assets or fund balances (explain in Schedule 0)	SEE SCHED	OTF O	_	20	2,969.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20				21	59,937.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

orn	1 990-ÉZ (2017) WEBER COUNTY MEDICAL SOCI	ETY FOUNDA'	rion	87-	06207	28 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	oond to any ques	tion in this Part II			
			(A) Beginning of year	r	(B) E	nd of year
22	Cash, savings, and investments		54,53	8 . 22		59,937.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)			24		
25		Ţ	54,53	8 . 25		59,937.
26	Total liabilities (describe in Schedule 0)	Ī		0. 26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	ſ	54,53	8 . 27		59,937.
Pa	art III Statement of Program Service Accomplishmen	nts (see the instri	uctions for Part II)	Ex	cpenses
	Check if the organization used Schedule O to resp	oond to any ques	tion in this Part II	ı X		for section
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE O					and 501(c)(4) ons; optional for
	ribe the organization's program service accomplishments for each of its three largest program		penses in a clear and concis	e	others.)	, -, -,
	er, describe the services provided, the number of persons benefited, and other relevant inform					
28	ASSISTANCE WITH MEDICALLY RELATED P	ROJECTS IN	WEBER			
	COUNTY, OGDEN, UT				1	
				·		
	(Grants \$ 1,000 •) If this amount includes foreign g	rants, check here	<u> </u>	•	28a	1,000.
29	STIPENDS FOR COLLEGE STUDENTS PURSU	ING EDUCAT	ION IN A			
	MEDICAL RELATED FIELD.					
	(Grants \$ 1,000.) If this amount includes foreign g	rants, check here			29a	1,000.
30	1	,			† † † † † † † † † † † † † † † † † † †	·· ·······
	(Grants \$) If this amount includes foreign g	rants, check here			30a	
	Other program services (describe in Schedule O)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>			
	(Grants \$) If this amount includes foreign g	rants check here	.	•	31a	
				_	32	2,000.
32	Total program service expenses (add lines 28a through 31a)		one even if not compensated	- see the	32 instructions f	2,000. or Part IV)
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees (list each				
32	Total program service expenses (add lines 28a through 31a)	mployees (list each	tion in this Part I\	/	instructions f	or Part IV)
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	mployees (list each	(c) Reportable compensation (Form	(d) He	e instructions f	
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees (list each bond to any ques (b) Average hours	tion in this Part I\ (c) Reportable	(d) He cont empl plans,	e instructions f	or Part IV) (e) Estimated
32 P a	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title	mployees (list each bond to any ques (b) Average hours per week devoted t	(c) Reportable compensation (Form W-2/1099-MISC)	(d) He cont empl plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Estimated amount of other
32 P a	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title EWART BARLOW	mployees (list each cond to any ques (b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-	(d) He cont empl plans, con	ealth benefits, ributions to oyee benefit and deferred opensation	(e) Estimated amount of other compensation
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87-0620 WEBER COUNTY MEDICAL SOCIETY FOUNDATION Page 3 Form 990-EZ (2017) Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Sch O to respond to any question in this Part V X Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 Х activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Х 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35b b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Schedule N 36 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b Х b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made Х in a prior year and still outstanding at the end of the tax year covered by this return? 38a 38b N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter: N/A a Initiation fees and capital contributions included on line 9 N/A 39b b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under 0. 0 • ; section 4955 ▶ 0 • ; section 4912 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any Х 40b of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed 0. by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Х transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed ▶ UT Telephone no ▶ 801-621-5470 42a The organization's books are in care of ► KAY HARDY Located at ▶ 1801 ACORN CIRCLE, OGDEN, UT ZIP+4 ► 84403 b At any time during the calendar year, did the organization have an interest in or a signature or other authority No over a financial account in a foreign country (such as a bank account, securities account, or other financial Yes 42b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42c c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here **▶** 43 | N/A and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-F7 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation

44a	 Х
44b	х
44c	X
44d	
45a	Х

Form 990-EZ (2017)

ın Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Form 990-ÉZ (2017)' WE	EBER	COUNTY	MEDIC	AL SO	CIETY	FOU	NDATI	ON		87-	06207	28	Page 4
										·			Y	es No
	irganization enga			, in political ca	ımpaign ac	tivities on be	half of or	r in opposition	on to car	ididates for pi	ublic of	ice?		
	complete Schedu						_				-		46	X
Part VI	Section 50		-	-			. = 0							
	All section 501		•		· · ·				te the t	ables for line	es 50 a	nd 51		
	Check if the or	rganizat	ion used Sch	ledule O to re	espona to	any questi	on in th	iis Part VI					TV	es No
47 Did the o	rganization enga	ae in lah	hvina activities	nr have a sec	tion 501(h)	election in e	ffect dur	and the tay w	ear? If "	Ves " complet	eSch (Part II	47	X
	ganization a scho								(Cai - 11	res, complet	5 OUII. C		48	$\frac{x}{x}$
	rganization make											<u> </u>	49a	X
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May the IRS di	scuss this return											▶ X	Yes	□ No
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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

WEBER COUNTY MEDICAL SOCIETY FOUNDATION

Employer identification number 87-0620728

Pa	rtl	Reason for Public	Charity Status (All organizations must c	omplete th	is part) S	ee instructions	
he	organ	zation is not a private found	lation because it is	For lines 1 through 12,	check only	one box)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).	R)
2		A school described in sect	ion 170(b)(1)(A)(iı). (Attach Schedule E (Fori	n 990 or 9	90-EZ))		O_{1}
3		A hospital or a cooperative					iı).	
4	一	A medical research organiz						the hospital's name.
·		city, and state		.,				,
5		An organization operated for	or the benefit of a co	illege or university owne	d or opera	ted by a o	overnmental unit describ	ned in
•		section 170(b)(1)(A)(iv). (C		moge or aniversity owne	a o, opo.a	, 9	ovommontal and accom	303 III
				nontal unit decembed in	anation 1	70/63/43/83	da)	
6	$\overline{\mathbf{x}}$	A federal, state, or local go	ŭ				• •	المراجع والمراجع
′	لككا	An organization that norma	•	intial part of its support	irom a gov	emmenta	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C	•	(AVAV -) (O 1-1- D	411.1			
8	=	A community trust describe	• •	, , , ,				ii
9		An agricultural research org	=			· · · · · · · · · · · · · · · · · · ·	•	-
		or university or a non-land-g	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state of the collec	je or
40		university				A.B. A.		
10	Ш	An organization that norma	• • • • • • • • • • • • • • • • • • • •	·	•		•	-
		activities related to its exen	•	•				•
		income and unrelated busin		(less section 511 tax) tr	om busine	sses acqu	lired by the organization	after June 30, 1975
		See section 509(a)(2). (Cor	•				•••	
11	H	An organization organized a	·					
12	ш	An organization organized a	•	•	-		<u>-</u>	•
		more publicly supported or						Sheck the box in
		lines 12a through 12d that	• •			•		
а		Type I. A supporting orga	•	•				• •
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
_		organization You must o	•					
b	Щ.	Type II. A supporting org	•				*	=
		control or management o			same perso	ons that co	ontrol or manage the sup	ported
		organization(s) You mus	•					
С		Type III functionally inte	,	• •	_		• •	ed with,
		its supported organization		•				
ď	Щ.	Type III non-functionally					· · · · -	
		that is not functionally int	-	- · ·				iveness
	_	requirement (see instructi						
е		Check this box if the orga					a Type I, Type II, Type III	
_		functionally integrated, or		nally integrated support	ing organi	zation		
		r the number of supported of	•					L
g		ide the following information Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,,	organization	(11) 2 4	(described on lines 1 10	in your govern	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	100	110		
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Schedule A (Form 990 or 990 EZ) 2017 WEBER COUNTY MEDICAL SOCIETY FOUNDATION 87-0620728 Page 2 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)

41 55	Sec	ction A. Public Support						
membership fees received. (i) not include any "unusual grants") 1	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit or buther organization without charge 4. Total. Add lines 1 through 3 5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6. Public support, soft as person included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 7. Amounts from line 4 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9. Net income from unrelated business activities, whether or not the business a requisitry carned on 10. Other income Co not include gain or loss from the sale of capital assets (Explain in Part VI) 11. Total support, Add lines 7 through 10 12. Gross receipts from related activities, etc. (see instructions) 13. First five years. If the Form 990 is for the organization of bulke Support Percentage 14. Public support percentage for 2017 (ine 6, column (f) divided by line 11, column (f)) 15. Public support percentage for 2017 (ine 6, column (f) divided by line 11, column (f)) 16. 33. 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	1	Gifts, grants, contributions, and						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								₽ -
Schedule A (Form 990 or 990-EZ) 2017	18	Private foundation. If the organization	n did not check a	box on line 13, 16a	i, 16b, 17a, or 17b			

Schedule A (Form 990 or 990 EZ) 2017 WEBER COUNTY MEDICAL SOCIETY FOUNDATION 87-062072/8 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 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) Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total (a) 2013 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 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 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 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (f) Total (a) 2013 (b) 2014 (c) 20/15 (d) 2016 (e) 2017 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by/line 13, column (f) 15 % 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2016 Schedule A, Part/III, line 17 18 % 19a 33 1/3% support tests - 2017. If the organization did not/check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did/not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Cantina	Α	AII	Cupporting	Organizations
Section	м.	\sim 11	Supporting	Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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	dule A (Form 990 or 990 EZ) 2017 WEBER COUNTY MEDICAL SOCIETY FOUNDATION 87-	J62072	8 Pa	<u> 1ge 5</u>
Par	rt IV Supporting Organizations _(continued)		,	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		1	1	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	- '-		
2	Did the organization operate for the benefit of any supported organization other than the supported		ł	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	<u> </u>	L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ļ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	1	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
<u></u>	tion E. Type III Functionally Integrated Supporting Organizations		ــــــــــــــــــــــــــــــــــــــ	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	insį.		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below		_1	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruction		T
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	<u> </u>	
b	• • • • • • • • • • • • • • • • • • • •		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	L	L.
3	Parent of Supported Organizations Answer (a) and (b) below.			
a			1	
u	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	За	1	
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3ь		
	Schedule A /For		00 FZ	10047

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_	edule A (Form 990 or 990 EZ) 2017 WEBER COUNTY MEDICAL SC			37-0620728 Page 6
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1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		Part VI) See instructions. All
Sect	other Type III non-functionally integrated supporting organizations must co	Jinplete St	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4	·····	<u> </u>
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		·	
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)		· · · · · · · · · · · · · · · · · · ·	
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		ļ
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	1		1
	factors (explain in detail in Part VI)			· · · · · · · · · · · · · · · · · · ·
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1		}
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	<u> </u>	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		L
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting org	anization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 WEBER COUNTY MEDICAL SOCIETY FOUNDATION 87-0620728 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (ı) (mi) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 а b From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-E	Z) 2017 WEBER	COUNTY MEL	TUAL SUCTET	Y FOUNDATION 8	7-0620728 Page 8
Part VI	Part IV, Section A, line 1, Part IV, Sec Section D, lines 5,	, lines 1, 2, 3b, 3c, 4l ction D, lines 2 and 3 . 6, and 8, and Part V	o, 4c, 5a, 6, 9a, 9b, 9 , Part IV, Section E, I	c, 11a, 11b, and 11c, P) Ines 1c, 2a, 2b, 3a, and	ne 10, Part II, line 17a or 17 Part IV, Section B, lines 1 an 3b, Part V, line 1, Part V, S this part for any additional	d 2, Part IV, Section C, ection B, line 1e, Part V,
	(See instructions)	<u> </u>				
						
						
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SCHEDULE O' (Form 990 or 990-EZ)

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number WEBER COUNTY MEDICAL SOCIETY FOUNDATION 87-0620728

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDEND INCOME	848.
INTEREST INCOME	11.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	859.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INVESTMENT FEES	376.
DONATIONS	2,000.
TOTAL TO FORM 990-EZ, LINE 16	2,376.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN ON ASSETS	2,969.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDE ASSISTA	NCE WITH
MEDICALLY RELATED PROJECTS IN WEBER COUNTY, UTAH.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONT	TRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DE	IRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, D	IRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	