Form **990**

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)

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ntern	al Revenu	ue Service	▶ The organization may have to use a copy of this return to satisfy state	reporting requirer	ments.	Inspection
		2010 cale	ndar year, or tax year beginning $\mathtt{APRIL} \hspace{0.1cm} \mathtt{01}$, 2010, an	d ending MARC	'H 3	, 2011
B C	heck if pplicable:		C Name of organization IVUmed	D Empl	oyer id	dentification number
	ddress ch		Doing Business As	58-22	639	83
N	ame chan	nge	Number and street (or P.O. box if mail is not delivered to street address)	m/Suite E Telep	hone r	number
Ir	itial returr	n	3269 South Main Street, #230	(801)	524	-0201
Т	erminated	d	City or town, state or country, and ZIP + 4	G Gross		
А	mended r	eturn	Salt Lake City UT 84115	receip	_	1,077,168
А	pplication	pending	F Name and address of principal officer: H(a)	Is this a group return f	or affiliat	es? Yes X No
			H(b)	Are all affiliates include	ed?	Yes No
ΙT	ax-exe	mpt status:	X 501(c)(3) 501(c)() ∢ (insert no.) 4947(a)(1) or 527	If ``No," attach a list. (s	see instr	uctions)
J۷	Vebsite	e: ► WWW	.ivumed.org H(c)	Group exemption num	ber	>
ΚF	orm of org	ganization:	X Corporation Trust Association Other ▶ L Year of forms	ation: 1995	M St	ate of legal domicile: UT
Pa	art I	Summa	ry			
	1	Briefly des	cribe the organization's mission or most significant activities:			
۸	Med	dical	Services to Indigents $\overline{}$			
A C T	, T					
CO						
VF	2	Check this	box box if the organization discontinued its operations or disposed of more	than 25% of its ne	et asse	ets.
ļ ķ	3	Number of	voting members of the governing body (Part VI, line 1a)		3	18
1 1			independent voting members of the governing body (Part VI, line 1b)		4	17
E Ñ S C	5	Total numl	ber of individuals employed in calendar year 2010 (Part V, line 2a)		5	
. E	6	Total numl	ber of volunteers (estimate if necessary)		6	
α	7a		lated business revenue from Part VIII, column (C), line 12		7a	
	b	Net unrela	ted business taxable income from Form 990-T, line 34		7b	0
R				Prior Year		Current Year
	8	Contribution	ons and grants (Part VIII, line 1h)	56	794,027	
₹	9		ervice revenue (Part VIII, line 2g)	40,65	59	273,764
REVENUE	10		t income (Part VIII, column (A), lines 3, 4, and 7d)	91	9,377	
¥	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
_	12		nue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	918,60)6	1,077,168
	13	Grants and	d similar amounts paid (Part IX, column (A), lines 1-3)			
_	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)			
EXPENSES	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-10)	304,69	91	288,575
P	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)			
Ň			raising expenses (Part IX, column (D), line 25) > 72,400			
Ē	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24f)	571,36	52	474,305
S	18	Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	876,05		762,880
	19	Revenue le	ess expenses. Subtract line 18 from line 12	42,5	53	314,288
N E T A	Ŗ			Beginning of Current	Year	End of Year
ΓŔ A -	A 20		ts (Part X, line 16)	698,48	39	1,012,081
FUND ASSETS	Ñ 21	Total liabili	ities (Part X, line 26)	54	43	114
Ī N S D	S 22	Net assets	or fund balances. Subtract line 21 from line 20	697,94	16	1,011,967
Pa	rt II	Signatu	re Block			
			eclare that I have examined this return, including accompanying schedules and statements, and to the b	pest of my knowledge a	nd belief	, it is true,
corre	ct, and cor	mplete. Declara	ation of preparer (other than officer) is based on all information of which preparer has any knowledge.			
						
Sig	n	Sign	ature of officer			Date
Hei	e e			ve Direct	or	
			e or print name and title			
			Type preparer's name Preparer's signature Date	Check	if	PTIN
Paid Ralph D. Chipman, C self-employed						
	parer		's name ► Ralph D Chipman CPA/Mgt Cons LLC	Firm's EIN	>	
Use	Only	Firm	's address▶ 1558 SOUTH 1100 EAST	Phone no.		
		SAL	T LAKE CITY UT 84105	(801)4	84-	6500
May	the IRS	S discuss th	nis return with the preparer shown above? (see instructions)			X Yes No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If ``Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If ``Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h)			
	election in effect during the tax year? If ``Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
	or similar amounts as defined in Revenue Procedure 98-19? If ``Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the			
	right to provide advice on the distribution or investment of amounts in such funds or accounts? If ``Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If ``Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If ``Yes,"			3.7
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		3.7
	If "Yes," complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,			
	or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule	44-	37	
	D, Part VI	11a	Х	
D	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	446		37
_	assets reported in Part X, line 16? If ``Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If ``Yes," complete Schedule D, Part VIII.	11c		v
A	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		Х
u	Part X, line 16? If ``Yes," complete Schedule D, Part IX.	11d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If ``Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		21
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			21
. _ u	Schedule D, Parts XI, XII, and XIII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If ``Yes," and if	124		21
	the organization answered ``No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If ``Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	· · •		<u> </u>
_	business, and program service activities outside the United States? If ``Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If ``Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If ``Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If ``Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			
	lines 1c and 8a? If ``Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If ``Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospitals? If ``Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers			
	that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
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Checklist of Required Schedules (continued)

Part IV

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	0.4		37
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If ``Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If ``No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots N/A$	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an ``on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If ``Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If ``Yes,"			
	complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If ``Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			3.7
20	Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
•	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If ``Yes," complete Schedule L, Part IV	28a		v
a h	A family member of a current or former officer, director, trustee, or key employee? If ``Yes," complete Schedule L,	20 a		X
b	Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an	200		Λ
·	officer, director, trustee, or direct or indirect owner? If ``Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If ``Yes," complete Schedule M	29	Х	22
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If ``Yes," complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If ``Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If ``Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If ``Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If ``Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If ``Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		
••	and that is treated as a partnership for federal income tax purposes? If ``Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		3.7	
	Note. All Form 990 filers are required to complete Schedule O	38	Χ	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable				
	gaming (gambling) winnings to prize winners?	1c		Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? $\dots N/A$	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If ``Yes," has it filed a Form 990-T for this year? If ``No," provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х	
b	If ``Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х	_
С	If ``Yes" to line 5a or 5b, did the organization file Form 8886-T? \mathbb{N}/\mathbb{A}	5с		<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization				
	solicit any contributions that were not tax deductible?	6a		X	_
b	If ``Yes," did the organization include with every solicitation an express statement that such contributions or				
_	gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		3.5	
	and services provided to the payor?	7a		X	_
b	If ``Yes," did the organization notify the donor of the value of the goods or services provided?	7b			_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		v	
	required to file Form 8282? If ``Yes," indicate the number of Forms 8282 filed during the year	7c		X	
d	, , , , , , , , , , , , , , , , , , , ,	70		X	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X	_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-		X	_
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	Х	Λ	_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	/ 11	71		
Ū	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess				
	business holdings at any time during the year?	8		X	
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?	9a		Х	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X	
10	Section 501(c)(7) organizations.Enter:				Ī
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations.Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Х	
b	If ``Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				Ī
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х	
	Note. See the instructions for additional information the organization must report on Schedule O.				ĺ
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х	_
h	If ``Ves " has it filed a Form 720 to report these payments? If ``No " provide an explanation in Schedule O	14h	l	X	

58-2263983 Form 990 (2010) **IVUmed**

Part VI

Governance, management, and Disclosurer or each	res response to lines 2 tillough 7b below, and lor a	ing response
line 8a, 8b, or 10b below, describe the circumstances, p	processes, or changes in Schedule O. See instructions.	

line da, db, di Tob below, describe the circumstances, processes, di changes in	i Scriedule C	. See manachons.		
Check if Schedule O contains a response to any question in this Part VI			 	
Section A. Governing Body and Management				
			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	1.8		

		ŀ	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If ``Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If ``Yes," does the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 10		
12a	Does the organization have a written conflict of interest policy? If ``No," go to line 13	12a	Х	
b			71	
-	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If ``Yes,"			
•	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If ``Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If ``Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			I
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
.0	available for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website ✓ Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	2006-120 in 201-1046-0 Willow (and it 50, 1104), the organization makes its governing decements, colline of interest			

- policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ See attachment #2

Form 990 (2010) Part VII (

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of ``key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A)	(B)	, 10			C)	- 30po		(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)		Reportable	Reportable	Estimated				
	hours per week (describe hours for related organiza- tions in Schedule O)	D-RECTOR TRUSTEE OR	TRUSTEE -NST-TUT-ONAL	O F F I C E R	K E M P L O Y E E	EMPLOYEE COMPENSATED	F O R M E R	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Catherine R. deVries,										
MD		7.7								
President & Founder	28.00	X						0	0	0
Mario Gutierrez, MPH	2 00	37								
VP - Programs	3.00	X						O	0	0
Robert V. Sanders	25 00	37						21 050		
VP - Operations	25.00	X						31,050	U	U
Peter W. Steelman,										
MBA	2 00	37								
Treasurer	3.00	X						U	U	U
Kathryn Abby	2 00	Х								
Secretary	3.00	Λ						O	U	U
Peter Bergreen, MD Board Member	2.00	Х						0		0
Patricia W.	2.00	Λ						O	U	O
Christensen, JD										
Board Member	2.00	Х						0	0	0
Kristin Chrouser, MD	2.00	21						O	O	O
Board Member	2.00	Х						0	0	0
Allison R. Cumming	2.00	21								
Board Member	2.00	Х						0	0	0
Steven N. Gange, MD	2.00	21								
Board Member	2.00	Х						0	0	0
Nicky James	2.00									
Board Member	2.00	Х						0	0	0
Gerald H. Jordan, MD										
Board Member	2.00	Х						0	0	0
Steven E. Kahan, JD,										
MD										
Board Member	2.00	Χ						0	0	0
Barbara Montagnino,										
MS, RN										
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Part VII	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)										
	(A)	(B)			(0	;)			(D)	(E)	(F)
Na	ame and title	Average	Po	sition	(check	all th	at apply)		Reportable	Reportable	Estimated
		hours per	ITD	I	01	K E E M	H C E	F O	compensation	compensation	amount of
		week (describe	N R I D U R I S E V T C	N R S U T S	O F F	YP	GMP	R M	from	from related	other
		hours for	V T C	I T	Ċ	Ó	HPL	E R	the	organizations	compensation
		related	I E T D E O U R	T E U E T	R	O Y E E	E E Y S S E T A E	K	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		organiza- tions in	A O L R	i		_			(**-2/1099-101130)		and related
		Schedule	L	N A			E D				organizations
		O)		î							
Board Me		2.00	X						0	0	0
Hiep "Bo	ob" Nguyen, MD										
Board Me		2.00	X						0	0	0
	te Potts, MD										
Board Me		2.00	X						0	0	0
	Underwood,										
III, MD											
Board Me		2.00	X						0	0	0
Joshua I											
	ve Director	40.00	X			X			70,875	0	0
	Cammon, MD		3.7								
Board Me	ember	2.00	X						0	0	0
1b Sub	-total							•	101925	0	0
	Il from continuation sh		art VII. S	ectio	n A						
	ıl (add lines 1b and 1c)							,	101925	0	0
2 Tota	l number of individuals (including b	out not li	mited	to thos	se liste	d above) who		\$100,000 in reportal	ole compensation
	the organization							,		•	•
-	<u> </u>										Yes No
3 Did 1	the organization list any	former of	ficer, dire	ector c	or trust	ee, ke	y emplo	yee, o	r highest compensa	ted employee	
on li	ne 1a? If ``Yes," comple	te Schedu	le J for s	such in	dividu	al					3 X
4 For a	any individual listed on l	ine 1a, is tl	ne sum (of repo	ortable	comp	ensation	and	other compensation	from the	
orga	nization and related org	anizations	greater	than \$	150,0	00? If	``Yes," c	omple	ete Schedule J for su	ıch individual	4 X
	any person listed on line										
serv	ices rendered to the org	anization?	If ``Yes	," com	plete S	Sched	ule J for	such ¡	person		5 X
Section B. I	ndependent Contracto	rs									
1 Com	plete this table for your	five highes	st compe	ensate	d inde	pende	nt contra	actors	that received more t	than \$100,000 of	
com	pensation from the orga	nization.									
		(A)							(B)		(C)
	Name and	business	address	i					Description of s	ervices	Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than

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Form 990 (2010)

Part	: VIII	Statement of Revenu	ıe						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
C G O	1a	Federated campaigns		1a					
CIT		Membership dues		1b					
N T E T S R		Fundraising events		1c	64 005				
T S '					64,095				
IRM		Related organizations		1d					
S-M-L	е	Government grants (contribution	utions)	1e					
I c A	f	All other contributions, gifts,	grants, &						
I S R		similar amounts not included	d above	1f	729,932				
O A A N N M S D T	_	Noncash contributions included in line		\$	191,609				
S 1	h	Total. Add lines 1a-1f			>	794,027			
Р					Business Code				
R OS	2a	PROGRAM FEES				273,764	273,764		
GΕ	b								
RRR	С								
AVE	d								
CE	е	-							
ΕŅ	f	All other program service re	venue						
U E	q	Total. Add lines 2a-2f				273,764			
	3	Investment income (includin				273,704			
	3	other similar amounts)	•			0 277	0 277		
	4	Income from investment of t				9,377	9,377		
	4		•		•				
	5	Royalties							
	_		(i) Real		(ii) Personal				
		Gross Rents							
		Rental income or (loss)							
	d	Net rental income or (loss)							
	72	Gross amount from sales	(i) Securiti	es	(ii) Other				
	1 a	of assets other than							
		inventory							
	b	Less: cost or other basis							
_		and sales expenses							
0	С	Gain or (loss)							
T H	d	Net gain or (loss)							
E	8a	Gross income from fundrais	ing						
R		events (not including \$							
		of contributions reported on	line 1c).						
R		See Part IV, line 18		. а					
E V	b	Less: direct expenses							
Ĕ		Net income or (loss) from fu			•				
N		Gross income from gaming							
U	-	Part IV, line 19							
Ε	h	Less: direct expenses							
		Net income or (loss) from ga							
				es					
	IUa	Gross sales of inventory, les		_					
		returns and allowances							
		Less: cost of goods sold							
	С	Net income or (loss) from sa		ory					
	4.	Miscellaneous Rev	enue		Business Code				
	11a	-							
	b								1
	С								
		All other revenue							
	е	Total. Add lines 11a-11d .							
	12	Total revenue. See instruct	tions			1,077,168	283,141		

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Part IX Statement of Functional Expenses

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

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

-	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do no	t include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
7b, 8b	, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses				
1	Grants and other assistance to governments and								
	organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in								
	the U.S. See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	101,925	50,963	40,770	10,192				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	118,902	59,451	47,561	11,890				
8	Pension plan contributions (include section 401(k)	,	·	·	,				
	and section 403(b) employer contributions)	4,694	2,347	1,878	469				
9	Other employee benefits	45,511	22,756	18,204	4,551				
10	Payroll taxes	17,543	8,772	7,017	1,754				
11	Fees for services (non-employees):	1,,515	5,772	,,01,	1,751				
a	Management								
b	Legal								
C	Accounting	2 200	1 015	1 155	220				
d		3,300	1,815	1,155	330				
	Lobbying								
e									
f ~	Investment management fees	0.456	4.054	2.52	0.15				
g	Other	2,456	1,351	860	245				
12	Advertising and promotion	44.756	5.050	5 445					
13	Office expenses	14,756	7,352	5,147	2,257				
14	Information technology	4,163	3,538	416	209				
15	Royalties								
16	Occupancy	22,640	12,452	7,924	2,264				
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	31,770	1,340	2,515	27,915				
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	47,317	45,424	946	947				
23	Insurance	4,443	2,444	1,555	444				
24	Other expenses. Itemize expenses not covered above.								
	(List miscellaneous expenses in line 24f. If line 24f								
	amount exceeds 10% of line 25, column (A) amount,								
	list line 24f expenses on Schedule O.)								
а	PROGRAM SERVICE TRIPS	298,531	298,531						
b	PUBLICATIONS	13,266	6,633	1,990	4,643				
С	EDUCATION AND TRAINING	11,749	6,462	4,112	1,175				
d	DONOR SOFTWARE	5,548	4,993	277	278				
е	EQUIPMENT RENTAL	4,103	3,488	410	205				
f	All other expenses	10,263	5,510	2,121	2,632				
25	Total functional expenses. Add lines 1 through 24f	762,880	545,622	144,858	72,400				
26	Joint costs. Check here ▶ if following SOP 98-2								
	(ASC 958-720). Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation								
	40.00040				Carra 000 (004				

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Part	LA	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash non-interest bearing	237,773	1	238,651
	2	Savings and temporary cash investments	178,016	2	228,614
	3	Pledges and grants receivable, net	,	3	•
	4	Accounts receivable, net		4	74
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons			
		described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations			
A S		of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
S E	7	Notes and loans receivable, net		7	
E T	8	Inventories for sale or use	95,433	8	62,855
S	9	Prepaid expenses and deferred charges		9	,
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	99,454	10c	142,009
		Investments publicly traded securities	75,080	11	327,145
	12	Investments other securities. See Part IV, line 11		12	•
		Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
		Other assets. See Part IV, line 11	12,733	15	12,733
		Total assets. Add lines 1 through 15 (must equal line 34)	698,489	16	1,012,081
		Accounts payable and accrued expenses		17	
	18	Grants payable		18	
L	19	Deferred revenue		19	
I A	20	Tax-exempt bond liabilities		20	
B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
- !	22	Payables to current and former officers, directors, trustees, key			
ī		employees, highest compensated employees, and disqualified			
Ţ		persons. Complete Part II of Schedule L		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
S		Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities. Complete Part X of Schedule D.	543	25	114
	26	Total liabilities. Add lines 17 through 25	543	26	114
		Organizations that follow SFAS 117, check here ▶ 🗓 and			
_N F		complete lines 27 through 29, and lines 33 and 34.			
ËΨ		Unrestricted net assets	631,802	27	789,927
T N D		Temporarily restricted net assets	66,144	28	222,040
	29	Permanently restricted net assets		29	
A S B S A		Organizations that do not follow SFAS 117, check here ▶ ☐			
ΕL		and complete lines 30 through 34.			
T A S N		Capital stock or trust principal, or current funds		30	
ĞС		Paid-in or capital surplus, or land, building, or equipment fund		31	
O E R S		Retained earnings, endowment, accumulated income, or other funds		32	
•		Total net assets or fund balances	697,946	33	1,011,967
	34	Total liabilities and net assets/fund balances	698,489	34	1,012,081

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Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1,	077,	168			
2	Total expenses (must equal Part IX, column (A), line 25)		762,	880			
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		697,	946			
5	Other changes in net assets or fund balances (explain in Schedule O)						
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,						
	column (B)) 6 1						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked ``Other," explain						
	in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?		2b		Х		
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		Χ		
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued o	n					
	a separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?		3a		Х		
b	If ``Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. N/.A	3b				
JVA	10 99012 99011 TWF 41349 Copyright Forms (Software Only) - 2010 TW	-	Form	990	(2010		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

IVUmed 58-2263983 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross q receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c | Type III-Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Χ and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) Χ (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Χ Provide the following information about the supported organization(s). h (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify the organization in col. organization (described on lines 1-9 in col. (i) listed in your organization in col. (i) support organized in the above or IRC section governing document? of your support? U.S.? (see instructions)) Yes Yes Yes Nο Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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.

Sec	tion A. Public Support	rider the tests in	isted below, pice	ase complete i ai	t II.)		
	lendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any ``unusual grants.")	590,396	684,374	966,429	873,256	794,027	3,908,482
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	330,330	331,371	700,127	0.0,200	1317021	3,300,102
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	590,396	684,374	966,429	873,256	794,027	3,908,482
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	·						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						3,908,482
	tion B. Total Support		1		1		1
	lendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	590,396	684,374	966,429	873,256	794,027	3,908,482
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,579	6,273	3,070	4,691	9,377	28,990
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	5,579	6,273	3,070	4,691	9,377	28,990
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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	595,975	690,647	969,499	877,947	803,404	3,937,472
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ [
Sec	tion C. Computation of Public Sup						•
15	Public support percentage for 2010 (line 8, c	olumn (f) divide	ed by line 13, col	umn (f))		15	99.26 %
16	Public support percentage from 2009 Sched	ule A, Part III, li	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Pe	ercentage				
17	Investment income percentage for 2010 (line	e 10c, column (f	f) divided by line	13, column (f)) .		17	0.74 %
18	Investment income percentage from 2009 S					18	%
19a	33 1/3 % support tests 2010. If the organ	nization did not	check the box o	n line 14, and line	e 15 is more tha	n 33 1/3 %, and	_
b	not more than 33 1/3 %, check this box and 33 1/3 % support tests 2009. If the organ	-	-			-	
	18 is not more than 33 1/3 %, check this box	and stop here	e. The organizat	ion qualifies as a	publicly support	ed organization	▶ [
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a.	or 19b. check thi	is box and see ir	structions	▶

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization		Employer identification number
IVUmed		58-2263983
Organization type (check one):	
Filers of:	Section:	
Form 990 or 990-EZ	▼ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private found	dation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n
	501(c)(3) taxable private foundation	
	overed by the General Rule or a Special Rule ., (8), or (10) organization can check boxes for both the General Rule and a	a Special Rule. See instructions.
General Rule		
X For an organization filin	g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or m r. Complete Parts I and II.	nore (in money or property)
Special Rules		
under sections 509(a)(1	organization filing Form 990 or 990-EZ that met the 33 1/3% support test o) and 170(b)(1)(A)(vi), and received from any one contributor, during the ye of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1	ear, a contribution of the greater
during the year, aggreg	(8), or (10) organization filing Form 990 or 990-EZ that received from any attentions of more than \$1,000 for use exclusively for religious, charburposes, or the prevention of cruelty to children or animals. Complete Part	ritable, scientific,
the year, contributions f to more than \$1,000. If religious, charitable, etc	(8), or (10) organization filing Form 990 or 990-EZ that received from any or use exclusively for religious, charitable, etc., purposes, but these contributions that were received due, purpose. Do not complete any of the parts unless the General Rule appears religious, charitable, etc., contributions of \$5,000 or more during the year	outions did not aggregate uring the year for an exclusively plies to this organization because
	is not covered by the General Rule and/or the Special Rules does not file S or ``No" on Part IV, line 2 of its Form 990, or check the box on line H of its F	

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number Name of organization 58-2263983 ${\tt IVUmed}$

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	C.R. BARD FOUNDATION INC 730 CENTRAL AVENUE MURRAY HIL, NJ 07974	\$5,000	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	CATALYST FOUNDATION 215 SOUTH STATE STREET, STE 1170 SALT LAKE CITY UT 84111	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3_	LABORIE MANUFACTURING 400 AVENUE D., SUITE 10 WILLISTON VT 05495	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	R. JAY & NANCY BISSELL PO BOX 5214 LONGVIEW TX 75608	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	OCEANA THERAPEUTICS INC 2035 LINCOLN HIGHWAY, SUITE 2150 EDISON NJ 08817	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	ASHTON FAMILY FOUNDATION 199 NORTH 290 WEST, SUITE 100 LINDON UT 84042	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I Contributors (see instructions)

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f Dart I

Name of organization

IVUmed

Employer identification number 58-2263983

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BELLE JAR FOUNDATION 50 CALIFORNIA STREET, SUITE 3165 SAN FRANCISCO, CA 94111	\$5,000	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	DEBORAH LIGHTNER, MD 2606 CREST LANE SW ROCHESTER MN 55902	\$5,200	Person X Payroll (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9_	CHRISTOPHER DECHET, MD 849 EAST, 18TH AVENUE SALT LAKE CITY, UT 84103	\$5,736	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	FRANCIS X SCHNECK MD & SUSAN W. 21 SUNNYHILL DRIVE PITTSBURGH, PA 15228	\$6,750	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11_	ALLISON R. & DAVID E. CUMMING 7628 GLENWILD DRIVE	\$6,915	Person X Payroll Noncash
	PARK CITY, UT 84098		(Complete Part II if there is a noncash contribution.)
(a) No.	PARK CITY, UT 84098 (b) Name, address, and ZIP + 4 SAKTI & MAYA DAS, MD	(c) Aggregate contributions	

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of Part I

Name of organization
IVUmed

Employer identification number 58-2263983

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13_	SOUTH CENTRAL SECTION OF AUA T. LEON HOWARD ED. & RESEARCH FUNC 1111 NORTH PLAZA DRIVE, SUITE 550 SCHAUMBURG IL 60173	\$8,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	VERATHON MEDICAL 21222 30TH DR. SE, SUITE 120 BOTHEL, WA 98021	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15	CATHERINE DEVRIES MD & SCOTT LUCAS 1393 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84102	\$11,485	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16	NORTH CENTRAL AUA 1100 EAST WOODFIELD RD, SUITE 520 SCHAUMBURG IL 60173	\$12,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>17</u>	750 DANIELS WAY PO BOX 489 BLOOMINGTON IN 47402	\$12,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18	STORZ KARL STORZ ENDOSCOPY 600 CORPORATE POINTE, 5TH FLOOR CULVER CITY, CA 90230	\$14,979	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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of Part I

Name of organization

IVUmed

Employer identification number 58-2263983

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	SOUTHEASTERN SECTION OF THE AUA 1111 NORTH PLAZA DR., SUITE 550 SCHAUMBURG, IL 60173	\$17,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20	JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	\$20,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21_	ASTELLAS FOUNDATION ASTELLAS USA FOUNDATION THREE PARKWAY NORTH DEERFIELD, IL 60015	\$25,000	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22	WHO GENEVA AVENUE APPIA 20 1211, GENEVA, SW 27	\$74,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23_	CUMMING FOUNDATION IAN M. CUMMING 165 HUCKLEBERRY DRIVE JACKSON, WY 83001	\$100,000_	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24_	JONATHAN & JEANNIE LAVINE (TRUST) JONATHAN & JEANNIE LAVINE 56 CHESTNUT STREET WESTON, MA 02493	\$100,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Contributors (see instructions)

Page 5 of

of Part I

Name of organization

Part I

Employer identification number IVUmed 58-2263983

(a) (d) (c) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. RONALD McDONALD HOUSE CHARITIES OF THE INTERMOUNTAIN ARE 25 Person 1135 EAST SOUTH TEMPLE **Payroll** 100,000 Noncash SALT LAKE CITY, UT 84102 (Complete Part II if there is a noncash contribution.) (b) (d) (a) (c) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. JOHN HOPKINS AP TRADE 26 Person 1101 EAST 33RD STREET, **Payroll** 2ND FLOOR, SUITE A200 135,643 Noncash BALTIMORE, MD 21218 (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. JOSEPH'S HOSPITAL 27 TERRY MAXWELL Person LITHOTRIPSY DEPARTMENT **Payroll** 350 WEST THOMAS ROAD 10,809 Noncash PHOENIX, AZ 85013 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Type of contribution Aggregate contributions Name, address, and ZIP + 4 No. MAP INTERNATIONAL 28 Person 4700 GLYNCO PARKWAY **Payroll** Χ 35,500 Noncash BRUNSWICK, GA 31525 (Complete Part II if there is a noncash contribution.) (c) (a) (b) (d) Name, address, and ZIP + 4 Type of contribution No. Aggregate contributions COOK MEDICAL 29 Person 750 DANIELS WAY **Pavroll** PO BOX 489 26,965 Noncash BLOOMINGTON, IN 47402-0489 (Complete Part II if there is a noncash contribution.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution PEACHTREE UROLOGY 30 Person 1800 PEACHTREE ROAD, SUITE 650 **Pavroll** 9,900 Noncash ATLANTA, GA 30309 (Complete Part II if there is a noncash contribution.)

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Name of organization

Employer identification number

IVUmed 58-2263983

Part I Contributors (see instructions)

	,		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	MEGADYNE MEDICAL PRODUCTS 11506 S STATE STREET DRAPER, UT 84020	\$ 5,901	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
32	MCALESTER REGIONAL HEALTH CARE JUDY STROO 1 CLARK BASS BLVD MCALESTER, OK 74501	\$12,406	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
33	ADRIAN OGLE, MD, PC (NC) 511 RUIN CREEK ROAD, SUITE 104A HENDERSON, NC 27536	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
34	VERATHON MEDICAL 21222 30TH DR. SE, SUITE 120 BOTHEL, WA 98021	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
35	JEFFREY ISEN, MD 16 WOODWARD DRIVE FRAMINGHAM, MA 01701	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
36	GLOBUS RELIEF 1775 WEST 1500 SOUTH SALT LAKE CITY, UT 84104	\$6,174	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number 58-2263983 **IVUmed**

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
27	ASSORTED CATHETERS, STENTS ETC	-	
		\$ 10,809	04-16-2010
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
28_	SUTURE	- -	
		\$ 35,500	10-20-2010
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
29_	FOLEY CATHETERS, STENTS, GUIDE WIRES, BASKETS	-	
		\$ 26,965	12-03-2010
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
30	LABORIE DELPHIS PORTABLE UDS MACHINE	-	
		\$9,900_	05-10-2010
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
31_	CAUTERY SUPPLIES	-	
		\$\$,901	05-12-2010
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
32	ASSORTED STENTS, GUIDE WIRES, BASKETS	-	
		_ \$12,406	07-08-2010

Name of organization

IVUmed

Employer identification number 58-2263983

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
33	DELPHIS PORTABLE URODYNAMICS SYSTEM	_	
		\$\$,900	12-22-2010
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
34	BLADDERSCAN AND GLIDESCOPE		
		\$\$	02-24-2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
35	ASSORTED CYTOSCOPES		
		\$\$	02-01-2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
36	ASSORTED MEDICAL SUPPLIES		
		\$6,174_	02-23-2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_ _	
		<u> </u>	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

	e of the organization			-	yer identifica	tion numb	er
	Jmed				2263983		
Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar	Funds or Accoun	ntsComplete	if		
	the organization answered ``Yes" to Form 99	90, Part IV, line 6.		_			
		(a) Donor advis	ed funds	(b) F	unds and othe	r accounts	i
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor adv	-					
	funds are the organization's property, subject to the o					Yes	No
6	Did the organization inform all grantees, donors, and	•	•		•		
	for charitable purposes and not for the benefit of the	•			J		
_	impermissible private benefit?					Yes	No
Pa	·	-		Part IV, line 7	·		
1	Purpose(s) of conservation easements held by the o	= :					
	Preservation of land for public use (e.g., recreation	n or education)	<u> </u>		historically imp		d area
	Protection of natural habitat		Prese	rvation of a c	ertified historic	structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held	d a qualified conservation	contribution in the	form of a con	servation		
	easement on the last day of the tax year.						
					Held at the En	d of the Tax Y	ear
а							
b	,						
C	Number of conservation easements on a certified his			2c			
d	Number of conservation easements included in (c) a						
_	structure listed in the National Register.				<u> </u>		
3	Number of conservation easements modified, transfe	erred, released, extinguish	ed, or terminated t	by the organi	zation during t	ne tax	
	year	.C C. I					
4	Number of states where property subject to conserva						
5	Does the organization have a written policy regarding			-		Πvaa	Пы
	enforcement of the conservation easements it holds?					Yes	No
6	Staff and volunteer hours devoted to monitoring, inspection	•		•	· · —		
7	Amount of expenses incurred in monitoring, inspecting	-					
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?					Yes	No
9	In Part XIV, describe how the organization reports co					162	Пис
3	balance sheet, and include, if applicable, the text of t						
	the organization's accounting for conservation easen		ation's infancial sta	atements mai	. describes		
Pai	rt III Organizations Maintaining Collections of		or Other Similar	r Assots			
· u	Complete if the organization answered ``Yes			Addeta.			
1a	If the organization elected, as permitted under SFAS			statement an	d halance she	et works of	:
ıu	art, historical treasures, or other similar assets held f						
	in Part XIV, the text of the footnote to its financial sta				•		
h	If the organization elected, as permitted under SFAS	116 (ASC 958) to report	in its revenue state	ement and ha	alance sheet w	orks of art	
	historical treasures, or other similar assets held for p						,
	the following amounts relating to these items:			·		,	
	(i) Revenues included in Form 990, Part VIII, line 1				> \$		
	(ii) Assets included in Form 990, Part X				\$		
2	If the organization received or held works of art, histo				· ·		
-	following amounts required to be reported under SFA			ioiai gairi, j	2. 371GO 111O		
а		, , ,			▶ \$		
	Assets included in Form 990, Part X				\$		

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Asset(continued)

Part III

3	Using the organization's acquisition, acc	cession, and	other records, check	any of the following	that a	are a significant use o	of its collection	
-	items (check all that apply):		,	,		g		
а	Public exhibition		dГ	Loan or exchange	e proc	ırams		
b	Scholarly research		e	Other	, p. 0 8	,		
c	Preservation for future generations		٦					
_	Provide a description of the organization	n'a collections	and avalain how th	ov further the ergoni	zotior	a'a ayamnt nurnaga in		
4	·	irs collections	and explain now in	ey further the organi	ZaliOi	rs exempt purpose in		
_	Part XIV.	li ait an na aair		-4:				
5	During the year, did the organization so						Пу	Пы
Dor	assets to be sold to raise funds rather the tive Escrow and Custodial Arrange		•	_			Yes	No
Гаі					5 10 F	OIII 990,		
	Part IV, line 9, or reported an a	mount on For	m 990, Part X, line 2	<u>′1.</u>				
4.	La di a conservativa di conservati di conser			()		-11		
1a	Is the organization an agent, trustee, cu		-				П у	П.
	included on Form 990, Part X?				• • • •		Yes	No
b	If ``Yes," explain the arrangement in Pa	irt XIV and co	mplete the following	table:		Т .		
						An	nount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount	on Form 990	, Part X, line 21?				. Yes	No
b	If ``Yes," explain the arrangement in Pa	rt XIV.					_	_
Par	rt V Endowment Funds. Complete	if the organiz	ation answered ``Ye	es" to Form 990, Part	t IV, li	ne 10.		
	(a) Cu	ırrent year	(b) Prior year	(c) Two years ba	ack	(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings,							
	gains, and losses							
d	Grants or scholarships							
е	Other expenditures for							
	facilities and programs							
f	Administrative expenses							
g g	End of year balance							
2	Provide the estimated percentage of the	a vear end ha	lance held as:					
a	Board designated or quasi-endowment	•	%					
b	Permanent endowment	%						
	· -	<u></u>						
C			the organization the	t are held and admin	iotoro	ad for the		
3a	Are there endowment funds not in the p organization by:	0556251011 01	the organization tha	t are neid and admir	iistere	ed for the	Ye	a Na
	-							s No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	4
b	If "Yes" to 3a(ii), are the related organize						. 3b	
4	Describe in Part XIV the intended uses							
Par	t VI Land, Buildings, and Equip							
	Description of investment			(b) Cost or other	(c) Accumulated	(d) Book va	alue
		(ir	nvestment)	basis (other)		depreciation		
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment			408,594		266,585	142,00	09
е	Other							
Total	I. Add lines 1a through 1e. (Column (d) s	should equal F	Form 990, Part X, co	lumn (B), line 10(c).)		142,00	09

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IVUmed 58-2263983 Page 3 Schedule D (Form 990) 2010

Part VII	Investments Other Securities. See Forn	n 990, Part X, line 12.		
	a) Description of security or category	(b) Book value	(c) Method of valua	tion:
	(including name of security)		Cost or end-of-year mar	ket value
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments Program Related. See Form			
	(a) Description of investment type	(b) Book value	(c) Method of valua	
			Cost or end-of-year mar	ket value
Total (0.1	(I) 15 000 D 17 1 (D) 1 (D)			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.)			
rait ix	Other Assets. See Form 990, Part X, line 15	scription		(b) Book value
RENT GUZ		Scription		12,733
ICHIVI GOZ				12,733
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	15.)		12,733
Part X	Other Liabilities. See Form 990, Part X, line	· · · · · · · · · · · · · · · · · · ·	,	,
1.	(a) Description of liability	(b) Amount		
Federal inco		. ,		
ACCOUNTS	S PAYABLE	114		
Total. (Colum	in (b) must equal Form 990, Part X, col. (B) line 25.)	114		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2010 IVUmed 58-2263983 Page **4**

Scrie	1 VOILLEG 38-2203963			raye 4	•
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited	Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		_
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10		
Par	t XII Reconciliation of Revenue per Audited Financial Statements With	Revenue per Return			_
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5		
Par	t XIII Reconciliation of Expenses per Audited Financial Statements Wit	h Expenses per Return			
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b		4c		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		_
Dar	YIV Supplemental Information				

Part XIV Supplemental Information

10 990D4

JVA

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

TWF 39203 Copyright Forms (Software Only) - 2010 TW Schedule D (Form 990) 2010

SCHEDULE M

(Form 990)

IVUmed

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

OMB No. 1545-0047 2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 58-2263983

Pa	art I Types of Property							
		(a)	(b)	(c)		(d)		
		Check if	Number of contributions or	Noncash contribution	Method	d of dete	erminir	ng
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash c			-
1	Art Works of art			Term dee, rait viii, iiie rg				
2	Art Historical treasures							
3	Art Fractional interests							
4	Books and publications							
5	Clothing and household							
3	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities Publicly traded							
10	Securities Closely held stock							
11	Securities Partnership, LLC,							
	or trust interests							
12	Securities Miscellaneous							
13	Qualified conservation							
	contribution Historic							
	structures							
14	Qualified conservation							
	contribution Other							
15	Real estate Residential							
16	Real estate Commercial							
17	Real estate Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	X	18	123,809	Discd	Mkt	Va	lue
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archaeological artifacts							
25	Other ▶ ()						
26	Other ▶ ()						
27	Other ▶ ()						
28	Other ▶ (See attachm	ent #4						
29	Number of Forms 8283 received by th			butions for				
	which the organization completed For	m 8283, Part	IV, Donee Acknowledgement		29			
					<u> </u>		Yes	No
30a	During the year, did the organization r	eceive by co	ntribution any property reported	d in Part I, lines 1-28 that				
	it must hold for at least three years fro	•	* * * * *					
	used for exempt purposes for the entir					30a		Х
b	If ``Yes," describe the arrangement in							
31	Does the organization have a gift acce		that requires the review of an	ov non-standard				
٠.	contributions?					31		Х
322	Does the organization hire or use third					- 31		- 22
JZd	_	•	•			32a		Х
h	contributions?					JZd		Λ
	If "Yes," describe in Part II.	nount in colu	nn (a) far a tuna of neanart : for	r which column (a) is sheeterd				
33	If the organization did not report an an describe in Part II	nount in colui	iiii (c) ioi a type oi property ioi	willon column (a) is checked,				

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

2010

Open to Public Inspection

Name of the organization **IVUmed**

Employer identification number 58-2263983

Part IV, Line 11 - IVUmed reported amount of equipment in Part X, line 10 Equipment consists of office equipment, furniture and medical equipment to be used in the program activiites of the organization.

Part VI, Line 11a - IVUmed provided a draft copy of this Form 990 to its board of trustees for its quarterly board meeting in 2011.

Part VI, Line 12c - IVUmed monitors and enforces its conflict of interest policy by instituting policies of self-enforcement and reporting, regularly conducted through board member and staff interviews as well as receiving updated CVs listing each individual's affiliations. Staff members receive updated conflict of interest information in their employee manuals.

Part VI, Line 15b - IVUmed consults Utah nonprofit associations and outside sources to help determine compensation for executive and key staff. Several sources are consulted, particularly the Utah Nonprofits Association data regarding staff compensation.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public								
Inspection	For calendar year 2010, or tax period beginning	04-01-2010, and ending	03-31-2011.					
Name of Organizat	ion		Employer Identification Number					
IVUmed			58-2263983					
Part III - Statement of Program Service Accomplishments								

545,648 including Grants of: Code: Expenses: Revenue:

Exempt Purpose Achievements

Provided surgical education and equipment to physicians and nurses, and medical services and supplies to indigent patients around the world. Furthermore, there were 7,100 medical and 3,075 non-medical volunteer hours contributed during the year ending March 31, 2011. The estimated value of the medical services donated was \$1,195,500. The estimated value of the non-medical services donated was \$307,500.

990 BOOKS ARE IN CARE OF

Attachment 2: Form 990 Page 6, Part VI, Section C, Line 20 Open to Public 03-31-2011. Inspection For calendar year 2010 or tax period beginning 04 - 01. and ending Employer Identification Number Name of Organization 58-2263983 **IVUmed** Part VI - Line 20 IVUMed Staff Individual Name **Business Name:** 3269 South Main Street Suite #230 Street Address U.S. Address: 84115 City Salt Lake City UT Zip code State Foreign Address Province or State (801)524-0201 Phone Number Fax Number

990 PAGE 10, OTHER EXPENSES
Attachment 3: Form 990 Page 10, Line 24 - Other Expenses

Open to Public 03-31-2011. For calendar year 2010 or tax period beginning 04 - 01 - 2010, and ending Inspection Employer Identification Number Name of Organization

Name of Organization IVUmed			fication Number 83		
Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
	(A) Total 3,665 1,933 1,657 1,000 787 496 440 249 36	(B) Program Services 1,832 966 828 500 433 422 374 124 31	58 - 226399 (C) Management and General 366 677 580 100 275 49 44 225 5 5		
	12.062			0.500	
Total:	10,263	5,510	2,121	2,632	

990 SCHEDULE M - PART I - OTHER TYPES OF PROPERTY

Attachment 4: Sch M, Part I - Types of Property Open to Public

Open to Public							
Inspection	For calendar year 20	10 or tax period begini	ning 04-01	, and ending 03	3-31-2011.		
Name of Organiza	ation			Employe	er Identification Number		
IVUmed				58-22	263983		
Part I Oth	er Types of Property						
Description		(a) Check	(b) Number of	(c) Revenues Reported	(d) Method of		
		If Applicable	Contributions	on Form 990 Part VIII,	Determining Revenues		
				Line 1g			
MEDICAL E	QUIPMENT	X	4	67,800	DISCD MKT VALUE		

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

OMB No. 1545-0172 2010

Attachment Sequence No. **67**

	Umed		FOR		IIVILY LO WITICH	ı ınıs ı	iomi relates			58-2263983
	rt I Election To Expe	nco Cortain I								50-2203903
Га	Note: If you have any I					Part I.				
4			<u> </u>						4	
	Maximum amount (see instruction Total cost of section 179 propert	,							2	
									3	
	Threshold cost of section 179 pro								4	
	Reduction in limitation. Subtract Dollar limitation for tax year. Sub								4	
	•							-	5	500,000
6	see instructions				st (busn. use			cted cost		300,000
	(a) Description	or property		(6) 000	3t (busii. usc	Offiny)	(6) [10	cica cos	•	
7	Listed property. Enter the amour	at from line 20				7				
	Total elected cost of section 179				<u> </u>				8	
	Tentative deduction. Enter the s								9	
	Carryover of disallowed deduction								10	
	Business income limitation. Ente									500,000
	Section 179 expense deduction.								12	300,000
	Carryover of disallowed deduction					13	<u> </u>			
	e: Do not use Part II or Part III be									
	rt II Special Depreciat	•	•			Do no	ot include lis	ted prop	ertv.)	(See instructions.)
	Special depreciation allowance f							10 a p. op	J. (j.)	(Coo mondonomon)
	during the tax year (see instruction								14	
	Property subject to section 168(f								15	
	Other depreciation (including AC								16	
Pa	rt III MACRS Deprecia									
		,		Section						
17	MACRS deductions for assets pl	laced in service i	n tax years begi	nning be	efore 2010				17	34,474
18	If you are electing to group any a	assets placed in :	service during th	e tax ye	ar into one o	r more	Э			
	general asset accounts, check h	ere						▶ □		
	Section B A	ssets Placed in	Service During	2010 Ta	ax Year Usin	ng the	General De	epreciat	ion Sy	rstem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for of (business/investme only see instructions)	nt use	(d) Recove period		(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
С	7-year property		89,	872	07		HY	200	DB	12,843
d	10-year property									
е	- 7 - 1 - 1 - 7									
f	,									
	25-year property				25 yrs.			S/L		
h	Residential rental				27.5 yrs.		MM	S/L		
	property				27.5 yrs.		MM	S/L		
i	Nonresidential real				39 yrs.		MM	S/L		
	property	ote Bleed in S	orvice During 2	010 Tox	Voor Hoing	tho /	MM	S/L		Svotom
20-	Section C Ass	Sets Placed in 5	ervice During 2	olo lax	t rear Using	the A	Aiternative	T -		System
	Class life				10.00	-		S/L S/L		
	12-year				12 yrs. 40 yrs.		N 4 N 4	1		
	40-year rt IV Summary (See instr	ructions \	l		40 yıs.		MM	S/L	-	
	Listed property. Enter amount fro	•							21	
	Total. Add amounts from line 12						e 21 Enter l	here	41	
	and on the appropriate lines of y	_							22	47,317
	For assets shown above and pla									
	enter the portion of the basis attr		-	- '	23					