

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning **07/01/16**, and ending **06/30/17**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **UTAH VALLEY FAMILY SUPPORT CENTER INC.**
 Doing business as: **FAMILY SUPPORT & TREATMENT CENTER**
 Number and street (or P.O. box if mail is not delivered to street address): **1255 N 1200 W**
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **OREM UT 84057**

D Employer identification number: **87-0410605**

E Telephone number: **801-229-1181**

G Gross receipts: **1,246,928**

F Name and address of principal officer:
JOY O'BANION
1255 N 1200 W
OREM UT 84057

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **utahvalleyfamilysupport.org** **H(c)** Group exemption number ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1984** **M** State of legal domicile: **UT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE SERVICES TO VICTIMS AND POTENTIAL VICTIMS OF CHILD ABUSE AND NEGLECT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	67
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	540,469	695,957
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	541,241	550,971
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,081,710	1,246,928
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	858,260	945,800
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,256		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	191,603	239,154	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,049,863	1,184,954	
19 Revenue less expenses. Subtract line 18 from line 12	31,847	61,974	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,289,972	1,355,100
	22 Net assets or fund balances. Subtract line 21 from line 20	351,071	354,225
		938,901	1,000,875

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **JOY O'BANION** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **CYNTHIA CADY** Preparer's signature: **CYNTHIA CADY** Date: **05/15/18** Check if self-employed if PTIN **P01818064**

Firm's name ▶ **Eide Bailly LLP - Orem** Firm's EIN ▶ **45-0250958**
 1095 S 800 E Ste 1
 Firm's address ▶ **Orem, UT 84097-1810** Phone no. **801-224-1900**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No