

Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning <u>Jul 1</u> , 2017, and ending <u>Jun 30</u> , 2018																										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>Utah Valley Family Support Center, Inc.</u></td> <td>D Employer identification number <u>87-0410605</u></td> </tr> <tr> <td colspan="2">Doing business as <u>Family Support and Treatment Center</u></td> <td>E Telephone number <u>(801)229-1181</u></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="3"></td> </tr> <tr> <td><u>1255 N 1200 W</u></td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <u>Orem, UT 84057</u></td> </tr> <tr> <td colspan="2">F Name and address of principal officer: <u>Janelle Christensen, 1255 N 1200 W, Orem, UT 84057</u></td> <td>G Gross receipts \$ <u>1,088,009.</u></td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">J Website: ▶ <u>utahvalleyfamilysupport.org</u></td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: <u>1984</u> M State of legal domicile: <u>UT</u></td> </tr> </table>	C Name of organization <u>Utah Valley Family Support Center, Inc.</u>		D Employer identification number <u>87-0410605</u>	Doing business as <u>Family Support and Treatment Center</u>		E Telephone number <u>(801)229-1181</u>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		<u>1255 N 1200 W</u>		City or town, state or province, country, and ZIP or foreign postal code <u>Orem, UT 84057</u>		F Name and address of principal officer: <u>Janelle Christensen, 1255 N 1200 W, Orem, UT 84057</u>		G Gross receipts \$ <u>1,088,009.</u>	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	J Website: ▶ <u>utahvalleyfamilysupport.org</u>		H(c) Group exemption number ▶	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1984</u> M State of legal domicile: <u>UT</u>
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Provide Services to Victims and Potential Victims of Child Abuse and Neglect</u>		
	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	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	65
	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)		515,621.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		572,388.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,088,009.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		970,765.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>17,244.</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		199,600.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,170,365.	
19	Revenue less expenses. Subtract line 18 from line 12		-82,356.	
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)	1,355,100.	1,242,058.
	22	Net assets or fund balances. Subtract line 21 from line 20	354,225.	320,640.
			1,000,875.	921,418.

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	<u>Janelle Christensen, Executive Director</u> Signature of officer	<u>04/15/2019</u> Date			
	<u>Janelle Christensen, Executive Director</u> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>Kirt J Michaelis, CPA</u>	Preparer's signature <u>Kirt J Michaelis, CPA</u>	Date <u>04/15/2019</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00719627</u>
	Firm's name ▶ <u>Michaelis Management, LLC</u>			Firm's EIN ▶ <u>20-0772761</u>	
	Firm's address ▶ <u>773 North 1180 East Orem, Orem, UT 84097</u>			Phone no. <u>(801)362-8293</u>	

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