### Part I: Summary

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 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):**

4. **Number of independent voting members of the governing body (Part VI, line 1b):**

5. **Total number of individuals employed in calendar year 2017 (Part V, line 2a):**

6. **Total number of volunteers (estimate if necessary):**

7a. **Total unrelated business revenue from Part VIII, column (C), line 12:**

7b. **Net unrelated business taxable income from Form 990-T, line 34:**

### Part II: Revenue

8. **Contributions and grants (Part VIII, line 1h):**

9. **Program service revenue (Part VIII, line 2g):**

10. **Investment income (Part VIII, column (A), lines 3, 4, and 7d):**

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):**

### Part II: 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):**

16. **Professional fundraising fees (Part IX, column (A), line 11e):**

17. **Total fundraising expenses (Part IX, column (D), line 25):**

18. **Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e):**

19. **Revenue less expenses. Subtract line 12 from line 18:**

### Part II: Net Assets or Fund Balances

20. **Total assets (Part X, line 16):**

21. **Total liabilities (Part X, line 26):**

22. **Net assets or fund balances. Subtract line 20 from line 22:**

### Signature Block

**Sign Here**

- **Signature of officer:** Janelle Christensen, Executive Director
- **Date:** 04/15/2019

**Paid Preparer Use Only**

- **Print/Type preparer’s name:** Kirt J Michaelis, CPA
- **Preparer’s signature:** Kirt J Michaelis, CPA
- **Date:** 04/15/2019
- **Check if self-employed:** Yes

**Firm’s address:** 773 North 1180 East Orem, UT 84097

**Firm’s EIN:** 20-0772761

**Phone no.:** (801)362-8293

**PTIN:** 00719627

**Check if applicable:**

- **Corporation:** Yes
- **Association:** No
- **Trust:** No
- **Form:** 990
- **No:** 7a
- **Yes:** 4947(a)(1)
- **No:** 7b
- **No:** 527

### Form 990 (2017)

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