

Form **990**

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

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	C Name of organization DOMESTIC AND SEXUAL VIOLENCE SERVICES OF CARBON COUNTY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 314 City or town, state or province, country, and ZIP or foreign postal code RED LODGE, MT 59068	D Employer identification number 20-2358889
	E Telephone number (406) 446-2296	G Gross receipts \$ 569,376.
	F Name and address of principal officer: JOAN YETTER 932 AVE F, BILLINGS, MT 59102	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)
	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(c) Group exemption number ▶
J Website: ▶ HTTP://WWW.DSVSMONTANA.ORG		
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: 2005 M State of legal domicile: MT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO SERVE INDIVIDUALS, FAMILIES AND COMMUNITIES IMPACTED BY PHYSICAL, SEXUAL AND EMOTIONAL ABUSE,		
	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	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	9
	6	Total number of volunteers (estimate if necessary)	6	60
	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 498,977.	Current Year 552,571.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	248.	950.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,791.	15,855.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	506,016.	569,376.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,839.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	326,586.	343,329.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,287.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	168,498.	188,801.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	497,923.	533,477.	
19	Revenue less expenses. Subtract line 18 from line 12	8,093.	35,899.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 226,145.	End of Year 262,896.
	21	Total liabilities (Part X, line 26)	19,380.	20,232.
	22	Net assets or fund balances. Subtract line 21 from line 20	206,765.	242,664.

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 JOAN YETTER, BOARD CHAIR Type or print name and title	Date
	Print/Type preparer's name KIMBERLY E DARE	Preparer's signature KIMBERLY E DARE
Paid Preparer Use Only	Firm's name ▶ WIPFLI LLP	Firm's EIN ▶ 39-0758449
	Firm's address ▶ 303 N. 28TH STREET, SUITE 503 BILLINGS, MT 59101	Phone no. 406.248.1681

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