## 2018  ##	Form 990-75	Exempt Orga				ax Returr	ı	OMB No 1	545-0687
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Solic B   Sol	·	Name of organization ( Check box if name changed and see instructions.)							ion number
4986   309(s)   320(s)   798   P. O. Box 9859   4986	B Exempt under section	Print Village Fam	ily Service	Cer	nter		4!	5-0220	6423
448(a)   320(a)   1/2	X 501(c)(D3 )	Number, street, and room	m or suite no. If a P.O. bo	x, see in:	structions.				activity code
Seale vision of all assessis   Group eemption number (See instructions.)	408(e) 220(e)	P.O. Box 98							
Best-yebs of all sesses   F. Group seemploon number (See instructiones.)   The christ he number of the organization's unrelated trades or business.		1 1							
Content to the cognization's unrelated trades or businesses.   Describe the only (or first) unrelated trades or businesses.   Describe the only (or first) unrelated trades or business here.   If only one, complete Parts IV If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, time to complete Parts III V.	C Book value of all assets			<b></b>					
trade or business here	at end of year	G Check organization type	pe ▶ 🗶 501(c) corp	poration	501(c) trust	401(a	) trust		)ther trust
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.  I During the tax year, was the comporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  I During the tax year, was the comporation as business in the parent corporation.  If Yes, enter the name and dentifying number of the parent corporation.  Part I Unrelated Trade or Business Income  I a Gross recepts or sales  I a Gross recepts or sal	H Enter the number of the	organization's unrelated trades or	businesses. >		Describe	the only (or first) ur	irelated		
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Ves	trade or business here	<b>_</b>			If only one,	complete Parts I-V	If more	than one,	
During the tax year, was the corporation a subsidary in an affiliated group or a parent-subsidiary controlled group?    Yes	describe the first in the b	lank space at the end of the previo	ous sentence, complete Pa	arts I and	l II, complete a Schedul	e M for each addition	nal trade	or	
If Yes, tenter the name and identifying number of the parent corporation.						- <del></del>	<del></del>		<del></del>
The books are in care of	=		- · · · ·	nt-subsid	diary controlled group?	<b>▶</b> [	Yes	s LN	10
Part I   Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net							101	453 41	
1a Gross recepts or sales b Less returns and allowances c Cost of goods sold (Schedule A, Ine 7) 3 Gross profit Subtract line 2 from line 1c 4a Capital gain en ten come (attack Schedule D) Net gain (loss) (Form 4797, Part II, Ine 17) (attach Form 4797) c Capital goss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuties, royales, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exemplia cutivity income (Schedule E) 11 Advertising income (Schedule L) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 Papars and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions for limitation rules) 19 Depreciation Schedule A and elsewhere on return 19 Depreciation Schedule A and elsewhere on return 19 Depreciation Schedule A and elsewhere on return 29 Depreciation Character Gostich Chief (Schedule I) 20 Depreciation Schedule A and elsewhere on return 29 Depreciation Character Gostich Chief (Schedule I) 21 Contributions to deferred compensation plans 24 Employee Bittle programs 29 Depreciation Character Gostich Chief (Schedule I) 21 Contributions of Schedule I) 22 Depreciation Character Gostich Chief (Schedule I) 25 Excess readership costs (Schedule I) 26 Depreciation Character Gostich Chief (Schedule I) 27 Contributions of or net operating loss deduction. Subtract line 29 from line 13 29 O Limitated business taxable income before net operating loss deduction. Subtract line 29 from line 13 20 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 20									
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4a Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  lincome (loss) from a partnership or an Scorporation (attach statement)  from the fent income (Schedule C)  lincome (loss) from a partnership or an Scorporation (attach statement)  from the fent income (Schedule C)  lincome (loss) from a partnership or an Scorporation (attach statement)  from the fent income (Schedule C)  lincome (loss) from a partnership or an Scorporation (attach statement)  from the fent income (Schedule C)  lincome (loss) from a partnership or an Scorporation (attach statement)  from the fent income (Schedule C)  lincome (loss) from a partnership or an Scorporation (attach statement)  from the fent income (Schedule C)  lincome (loss) from a partnership or an Scorporation (attach statement)  from the fent income (Schedule C)  lincome (loss) from a partnership or an Scorporation (attach statement)  from the fent income (Schedule C)  lincome (Insome Schedule C)  l	= :				<del></del>	<del> </del>			
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c Capital loss deduction for trusts  Income (loss) from a partnership or an S corporation (attach statement)  Rent income (Schedule C)  Unrelated debt-financed income (Schedule E)  Interest, annuties, royaltes, and rents from a controlled organization (schedule G)  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Interest (attach schedule)  Interest (attach schedule) (see instructions to limitation rules)  Interest (attach schedule) (see instructions for limitation rules)  Interest (attach schedule)  Interest (attach sche	_		n 4797)	-			-		
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12 Other income (See instructions, attach schedule)  13 Total. Combine lines 3 through 12  Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)  (Except for contributions, deductions must be directly connected with the unrelated business income)  14 Compensation of officers, directors, and frustees (Schedule K)  15 Salaries and wages  16 Repairs and maintenance  16 Bad debts  17 Interest (attach schedule) (see instructions)  18 Interest (attach schedule) (see instructions)  19 Taxes and ligenses  10 Charitable contributions (See instructions for limitation rules)  20 Depreciation datach Form 4562)  21 Depletion  22 Less depreciation claimed on Schedule A and elsewhere on return  23 Depletion  24 Contributions to deferred compensation plans  25 Employee benefit programs  26 Excess exemply expenses (Schedule I)  27 Excess readership costs (Schedule J)  28 Other deductions (attach schedule)  29 Total deductions, attach schedule)  29 Total deductions, attach schedule)  29 Oo-  10 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  29 Oo-  30 Unrelated business taxable income before net operating on or after January 1, 2018 (see instructions)  30 Or-  31 Unrelated business taxable income. Subtract line 31 from line 30	10 Exploited exempt activ	vity income (Schedule I)		10					
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Repairs and maintenance  Bad debts  Interest (attach schedule) (see instructions)  Taxes and ligenses  Charitable Contributions (See instructions for limitation rules)  Depreciation dattach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exetripl expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  18  17  18  18  19  20  21  22b  22b  22b  23  24  25  26  27  27  27  28  Other deductions (attach schedule)  27  28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  31  Unrelated business taxable income. Subtract line 31 from line 30		icers, directors, and trustees (5ch	edule N)				<del></del>		
17 Bad debts  Interest (attach schedule) (see instructions)  18 Interest (attach schedule) (see instructions)  19 Taxes and ligenses  20 Charitable contributions (See instructions for limitation rules)  21 Depreciation dattach Form 4562)  22 Less depreciation claimed on Schedule A and elsewhere on return  23 Depletion  24 Contributions to deferred compensation plans  25 Employee benefit programs  26 Excess exempl expenses (Schedule I)  27 Excess readership costs (Schedule J)  28 Other deductions (attach schedule)  29 Total deductions (attach schedule)  20 DEN.  21 22 25 26 26 26 27 27 27 28 29 20 30 27 27 28 29 20 30 29 29 20 31 29 29 20 31 29 29 20 31 29 29 20 31 29 20 31 29 20 31 29 20 31 20		ISUCE					-		
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32 Unrelated business taxable income. Subtract line 31 from line 30 32 0.		<del></del>							0.
				ry 1, 20°	18 (see instructions)				
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FOITH 880*		VIIIage ramily Service Center 45-022	10423	<u> </u>	· ugo,	
Part I		Total Unrelated Business Taxable Income		· i · ·		
33	Total	33		_0.		
34	Amou	34	6,1	<u>54.</u>		
35	Deduc	35				
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	}			
	lines 3	33 and 34	36	6,1	54.	
37	Speci	fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,0	00.	
38	Unrel	ated business taxable income. Subtract line 37 from tine 36. If line 37 is greater than line 36,				
	enter	the smaller of zero or line 36	38	5,1	<u>54.</u>	
Part I	<b>V</b> 1	Fax Computation				
39	Organ	nizations Taxable as Corporations Multiply line 38 by 21% (0.21)	39	1,0	82.	
40	Trusts	s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	1			
		Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy	r tax See instructions	41			
42	Altern	native minimum tax (trusts only)	42			
43	Tax o	n Noncompliant Facility Income See instructions	43			
44	Total.	. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	1,0	82.	
Part \	<b>7</b>	Tax and Payments				
45a	Foreig	gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a				
b	Other	credits (see instructions) 45b	]			
C	Gener	ral business credit. Attach Form 3800	] ]			
đ	Credit	t for prior year minimum tax (attach Form 8801 or 8827)	]			
		credits. Add lines 45a through 45d	45e			
46		act line 45e from line 44	46	1,0	82.	
47	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47			
48		tax. Add lines 46 and 47 (see instructions)	48	1,0	82.	
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		0.	
		nents A 2017 overpayment credited to 2018				
		estimated tax payments 50b	7			
		eposited with Form 8868 50c 166	7			
		gn organizations: Tax paid or withheld at source (see instructions) 50d	1			
		up withholding (see instructions) 50e	7			
		t for small employer health insurance premiums (attach Form 8941) 50f	1			
		credits, adjustments, and payments: Form 2439	1			
•	$\overline{}$	Form 4136 ☐ Other Total ► 50g				
51		payments Add lines 50a through 50g	51	1	66.	
52		ated tax penalty (see instructions). Check if Form 2220 is attached	52		45.	
53						
54	·				61.	
55	Enter	the amount of line 54 you want. Credited to 2019 estimated tax	55			
Part \	VI S	Statements Regarding Certain Activities and Other Information (see instructions)				
56	At an	y time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes	No	
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here					
57	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				
		s," see instructions for other forms the organization may have to file.				
58		the amount of tax-exempt interest received or accrued during the tax year > \$				
	Un	nder penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known	wledge and beli	ef, it is true		
Sign	co	rrect and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Here			lay the IRS discu ne preparer show		with	
		Signature of officer Date Title	structions)?		No	
			if PTIN			
D-1-4		self- employed				
Paid		Lisa Chaffee, CPA Lisa Chaffee, CPA 11/12/19	P001	L93 <b>4</b> 53	<b>1</b>	
Prepa	2101	Firm's name ► EIDE BAILLY LLP Firm's EIN ►		25095		
Use (	JNIY	4310 17TH AVE S PO BOX 2545		<u> </u>	<u> </u>	
		Firm's address ► FARGO, ND 58108-2545 Phone no. 7	701-239	)_85NN	1	
		1 11010 10.	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		