AMENDED RETURN 990-T Exempt Organization Business Income Tax Return OMB No. 1545-0887								
ຼ _{ະຫ} ຶ990-T			nization bus nd proxy tax und			ix Return	OM8 No 1545-0887	
	Ear and	ااتها endar year 2018 or other tax yea		ei 3e		1812	2012	
	100			etructio	, and ending ons and the latest informat	tion.	2010	
Department of the Treasury Internal Revenue Service	•		-		de public if your organizat		Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed	k box if Name of organization (Check box if name changed and see instructions.)					n - 1	mployer identification number imployees' trust, see instructions)	
B Exempt under section	Print	Print Village Family Service Center					45-0226423	
\mathbf{X} 501(\mathbf{C})(3)	or	Number, street, and room					melated business activity code see instructions)	
408(e) 220(e)	Type	Type P.O. Box 9859						
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code Fargo, ND 58106-9859						
C Book value of all assets	Book value of all assets F Group exemption number (See instructions.)							
		G Check organization type	▼ X 501(c) corp	poration	501(c) trust	401(a) tru	st Other trust	
H Enter the number of the	organizat	ion's unrelated trades or b	usinesses. 🕨			ne only (or first) unrela		
trade or business here						omplete Parts I-V. If n	·	
			is sentence, complete Pa	irts I an	d II, complete a Schedule N	A for each additional tr	ade or	
business, then complete			Whated crows or a posses		diam controlled group?		Yes No	
I During the tax year, was	•	oration a subsidiary in all a flying number of the paren		11-5005	idiary controlled group?		Yes No	
J The books are in care of					Telephoi	ne number > 701	L-451-4870	
		e or Business Inc			(A) Income	(B) Expenses	(C) Net	
1 a Gross receipts or sale	es							
b Less returns and allow	wances		c Balance	1c				
2 Cost of goods sold (S	Schedule	A, line 7)	\sim	2				
3 Gross profit. Subtract			U	3				
4 a Capital gain net incon		•	4707	4a		,,		
•		art II, line 17) (attach Form	4/9/)	46				
c Capital loss deduction		ts hip or an S corporation (at	tach statement)	4c 5				
5 Income (loss) from a 6 Rent income (Schedu	· ·	inp of an 3 corporation (at	tach Statement)	6		* rank july	The state of	
7 Unrelated debt-finance		ne (Schedule E)		7		1486	SEIVED	
	·					8 1100	図	
9 Investment income of				9		A NOV	7 2020 3	
10 Exploited exempt activ							<u></u>	
11 Advertising income (S	Schedule	J)		11		UGI	DEN, UT	
12 Other income (See ins				12				
13 Total. Combine lines			2 (6	13_	0.			
		t Taken Elsewhere			ations on deductions) The unrelated business in	ncome)		
		ectors, and trustees (Sche					4	
15 Salaries and wages	10010, 011	00.015, 0.10 1.00.000 (00.10	55,5 11,			1		
16 Repairs and mainten	ance					<u> </u>	6	
17 Bad debts	·						7	
18 Interest (attach schedule) (see instructions)						1	8	
19 Taxes and licenses						<u>_1</u>	9	
	·					2	0	
•	·				21			
•	·				22a	22		
•	·						3 4	
	·						5	
· ·							6	
27 Excess readership costs (Schedule J)							7	
28 Other deductions (attach schedule)							8	
29 Total deductions. Add lines 14 through 28							9 0.	
30 Unrelated business t	30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13							
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)						3		
823701 01-09-19 LHA FO	or Paperv	vork Reduction Act Notice	, see instructions.				Form 990-T (2018)	

	Village Family Service Center 45-	0220423	Page Z
Part I	III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	" 	
	enter the smaller of zero or line 36	38	0.
Part I			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 38 from	33	
70	Tax rate schedule or Schedule D (Form 1041)	- [40]	
41		40	
41	Proxy tax. See instructions Alternative manufacture to Africa and Alternative manufacture and Alternative manufac	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
Part \	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments	44	0.
			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
b	Other credits (see instructions)	─ ┤	
C			
đ			
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schi	edule) 47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments: A 2017 overpayment credited to 2018		
b	2018 estimated tax payments 50b		
C	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
е	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 X Other 1,082. Total ▶ 50g 1,0	82.	
51	Total payments. Add lines 50a through 50g See Statement 2	51	1,082.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	1,082.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	▶ 55	1,082.
Part \	/I Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here ▶		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	2	-
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under penalties of per pry declare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge and belief, it is	s true,
Sign	correct, and complete Oeclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here	11-13-20 President/CEO	May the IRS discuss	
	Signature of officer Date Title	the preparer shown instructions)?	· · · — I
_			Yes No
D-' '		- 1	
Paid	self- emp	·	02452
Prepa		P0019	
Use O	Inly Firm's name ► Eide Bailly LLP Firm's E 1730 Burnt Boat Loop, Ste. 100	IN - 45-U	250958
		- 701 255	1001
	Furm's address ► Bismarck, ND 58503-0886 Phone n	<u>10. 701-255-</u>	-1031

Footnotes	Statement 1

This return is being amended due to the retroactive repeal of Section 512(a)(7). The entity's fringe benefits are no longer taxable. The following lines were affected by the change:

990-T Page 2, Line 34 Amounts Paid for Disallowed Fringes

Form 990-T Other Credits and Payments	Statement 2
Description	Amount
Amount Paid with Original Return	1,082.
Total included on Form 990-T, Page 2, Part V, line 50g	1,082.