U	, <del>38</del>		THE STREET	F	10/31/71 5		19	1	
رستا	-		IENDED RETURN - SECTIO				T DLO	14	
	990-T	Exempt Organization Business Income Tax Retu						rn	OMB No 1545-0687
Form	330-1							0040	
	•	For calendar year 2018 or other tax year beginning $01/01$ , 2018, and ending $12/31$ , 2						20 1 8	2018
	tment of the Treasury		► Go to www irs gov/Form990T	for 12	structions and t	he latest	ınformatıon.	1	Open to Public Inspection for
Interna	al Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form as		<del></del>				Open to Public Inspection for 501(c)(3) Organizations Only
A _	Check box if address changed		Name of organization ( Check box	x if nar	ne changed and see	instruction	s)		oyer identification number oyees' trust, see instructions )
	address changed								
	empt under section	<b>.</b>	VILLAGE CENTER FOR						
X	501(C <u>)(3</u> )	Print or	Number, street, and room or suite no. If	a P O	box, see instruction:	5		1	911059
,	408(e) 220(e)	Туре							lated business activity code
	408A530(a)		120 BROADWAY				2840		,
	529(a)		City or town, state or province, country,	, and Z	IP or foreign postal of	ode			
	ok value of all assets end of year		NEW YORK, NY 10271						
	•		up exemption number (See instruction						
1	10,167,507.	G Che	eck organization type 🕨 🕺 501(	c) cor	poration	501(c)	trust	401(a)	trust Other trust
H E	nter the number of	the orga	inization's unrelated trades or busines	ses	<b></b>		Describe	e the only	(or first) unrelated
	ade or business hei						•		e than one, describe the
fii	st in the blank spa	ice at the	end of the previous sentence, com	plete	Parts I and II, com	iplete a S	chedule M for ea	ch additio	nal
_tr	ade or business, th	en comple	ete Parts III-V						
			corporation a subsidiary in an affilia			ibsidiary o	controlled group?		Yes X No
	<del></del>		identifying number of the parent corp	oratio	on 🕨		01	0 202	5710
	ne books are in care		····				e number ▶ 21		1
Pai	t Unrelated	Trade o	or Business Income		(A) Incom	e	(B) Exper	ises	(C) Net
1 a	Gross receipts or	-							
b			c Balance ▶	- 1					
2			ule A, line 7)	2					<u> </u>
3	Gross profit Sub	tract line	2 from line 1c (	3					
4 a		-	ittach Schedule D)	4a				<u>.</u>	
b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Aorm 4797).	4b		REC	FIVED		
С	•		rusts	4c			TIVED	7/	
5			r an S corporation (attach statement)	1	889		0.0000	OSC	_
6	·	-				NAK	<b>0 2</b> 2020		
7			come (Schedule E)	7			•	[2]	
8			ents from a controlled organization (Schedule F)			)(3f)		-	
9			1(c)(7), (9), or (17) organization (Schedule G)	1	العصبا	200		200	<u> </u>
10		•	ncome (Schedule I)	†					<del></del>
11			dule J)						
12	•		tions, attach schedule)			0.			
13			ough 12 ;			٠.		Cypont	for contributions
Pai			Taken Elsewhere (See instru					Except	for contributions,
			be directly connected with the						
14	•		directors, and trustees (Schedule K).						I
15	-								
16								- 1	
17								l l	
18	•		(see instructions)						1
19									
20			See instructions for limitation rules) .		1	1		20	
21			4562)					<del></del>	- - 1
22			on Schedule A and elsewhere on ret						
23								1	
24			compensation plans						
25			5					1	-
26			Schedule I)						
27			chedule J)						
28			chedule)						
29			s 14 through 28					<del></del>	· · · · · · · · · · · · · · · · · · ·
30			le income before net operating						
31		•	g loss arising in tax years beginning	-	· · · · · · · · · · · · · · · · · · ·				
32			e income Subtract line 31 from line :	30 .		· · · ·	<u></u>	32	

## VILLAGE CENTER FOR CARE

Form	990-T (2018)		Page Z
Par	t III Total Unrelated Business Taxable Income	r	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	Instructions)	33	
34	Amounts paid for disallowed finges	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	35	
26	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
36	of lines 33 and 34	36	
			1,000.
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,		0
	enter the smaller of zero or line 36	38	0.
Par	t IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	1	
42	Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·	42	
43	Tax on Noncompliant Facility Income. See instructions		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		
		1 44	
	t V Tax and Payments	T T	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	1	
	Other credits (see instructions)		
С	General business credit Attach Form 3800 (see instructions)	-	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u> </u>	
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	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	
	Payments A 2017 overpayment credited to 2018		
JU A	2018 estimated tax payments	1	
		1	
	Tax deposited with Form 8888	1	
	Foreign organizations Tax paid or withheld at source (see instructions)	1	
е	Backup withholding (see instructions)	1	
	Credit for small employer health insurance premiums (attach Form 8941) 50f	-	
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g	4	15 500
51	Total payments. Add lines 50a through 50g	51	17,790.
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	17,790.
55	Enter the amount of line 54 you want    Credited to 2019 estimated tax    Refunded	55	17,790.
Par		s)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		
		,	X
	here >		$\frac{1}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	A
	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 penury, I declare that I have examined this return including accompanying schedules and statements, and to the true-correct and complete Declaration of preparer totaler than taxpayer) is based on all information of which preparer has any knowledge	pest of my knowledge	and belief it is
Sigi		y the IRS discuss	this return
Her	e 2/28/2020 Chief Financial Officer wi	th the preparer s	
		e instructions)? X Y	es No
	Print/Type preparer's name Preparer's agreet Date Chec	k if PTIN	
Paid	0/00/0000		333816
Prep	narer — — — — — — — — — — — — — — — — — —	s EIN ▶ 44-016	50260
Use	Only Firm's address ▶ 1155 AVENUE OF THE AMERICAS #1200, NEW YORK, NY 10036 Phon	3 [ 11 ]	
	i ilii 3 douicaa P		90-T (2018)
		FORM 3	(2010)

## VILLAGE CENTER FOR CARE

Form 990-T (2018)							Page 3
Schedule A - Cost of Go	oods Sold. Er	ter method	of inventory valuation	<u> </u>			
1 Inventory at beginning of y	ear . 1		6 Inventor	y at end of yea	ar	6	
2 Purchases	2		7 Cost o	f goods so	id. Subtract line		
3 Cost of labor	3		6 from	line 5 Er	iter here and in		
4 a Additional section 263A co	osts		Part I, lir	e2		7	<del></del>
(attach schedule)	4a		8 Do the	rules of	section 263A (v	with respect to	Yes No
<b>b</b> Other costs (attach schedu	ile) . 4b		property	produced	or acquired for	r resale) apply	
5 Total. Add lines 1 through			to the or	ganization? .	<u></u>		X
Schedule C - Rent Income	e (From Real P	roperty a	nd Personal Propert	y Leased V	Vith Real Prope	rty)	
(see instructions)							
Description of property							
(1)					<del></del>		
(2)						··········	
(3)							
(4)							
	2. Rent recei	ved or accrue	ed				
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percenta	rom real and personal proper age of rent for personal prope if the rent is based on profit	or personal property exceeds based on profit or income)		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(1)							
(2)							
(3)							
(4)							
Total		Total					
(c) Total income. Add totals of co	olumns 2(a) and 2(	b) Enter			(b) Total deduction  Enter here and or		
here and on page 1, Part I, line 6					Part I, line 6, colu		
Schedule E - Unrelated D			e instructions)				
			2 Gross income from or	3 [	Deductions directly co		ole to
1 Description of det	ot-financed property		allocable to debt-financed	(a) Strain	dept-finance	ced property (b) Other ded	uctions
			property		nch schedule)	(attach schedule)	
(1)							
(2)							
(3)							
(4)							
Amount of average     acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or allocal debt-financed (attach sche	ble to property	6 Column 4 divided by column 5		income reportable n 2 x column 6)	8 Allocable de (column 6 x total 3(a) and 3	of columns
(1)			9	6			
(2)			9,	6			
(3)			9	6			
(4)			9	6			
					re and on page 1, ne 7, column (A)	Enter here and o Part I, line 7, co	
Totals				· [			

Page 4

Schedule F—Interest, Anni				ntrolled Or						
Name of controlled organization	2. Employer identification numb	rei	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)										
(2)					ļ					
(3)							ļ			
(4)	·····				ļ		l			
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruct	1		Total of specifical made		ınclud	t of column ed in the co ation's gros	ntrolling	co	Deductions directly nnected with income in column 10
(1)									<u></u>	<u> </u>
(2)										
(3)										
(4)							····			
Totals		tion 501(	 c)(7),	 (9), or (17	▶ ') Orga	Enter Part I	columns 5 a nere and on line 8, colu (see ins	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1 Description of income	2 Amount of	ıncome		3 Deduction directly contact (attach sch	nnected			et-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
Totals ▶ Schedule I – Exploited Exe	Enter here and of Part I, line 9, co	olumn (A)	ner Th	ıan Advert	ising Ir	ncome (s	ee instru	ictions)		Enter here and on page 1 Part I, line 9, column (B)
1. Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirectle connected production unrelate business in	y I with in of ed	4 Net incor from unrelat or business 2 minus co If a gain, c cols 5 thre	ted trade (column lumn 3) ompute	from ac	s income tivity that nrelated s income	6. Exper attributa columi	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										1
(2)				1						
(3)				· [						1
(4)							,			1
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P. line 10, co	art I,							Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising In	Icome (see instri	uctions)		1		*				
Part I Income From Peri	<del> </del>		oneol	idated Ras	eie					
income From Per	iodicais Report	eu on a C	Ulisui	Jualeu Das	515			T		
1. Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute		culation ome	6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				1						
(3)				1				1		
(4)				<u> </u>						
Totals (carry to Part II, line (5))			<del></del>	<u> </u>						Form <b>990-T</b> (2018

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		•	,	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶			•			

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14			

Form 990-T (2018)

Village Center for Care

EIN: 13-2911059 12/31/2018

## Attachment to Amended 2018 990-T

Village Center for Care is amending its previously filed Form 990-T for the 12/31/2018 tax year due to the repeal of Section 512(a)(7).

## **Summary of Changes**

Line Reference	As Originally Filed	Change	As Amended
Form 990-T, Part II, Line 31			
Net operating loss deduction	-		-
Form 990-T, Part III, Line 34			
Amounts paid for disallowed fringes	58,415	(58,415)	-
Form 990, Part V, Line 54			
Overpayment	5,733	12,057	17,790