723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions

· 1 . (A		EX	TENDED TO M	ΆΥ	29 15. 2019	393 3	52 2	033 9
Form 990-T	E	xempt Orgai				ax Return	ı L	OMB No 1545-0687
		(ar	nd proxy tax und	er se	ction 6033(e))		i	2047
	For cal	endar year 2017 or other tax yea					.8	ZU 17
Department of the Treasury					ons and the latest inform			pen to Public Inspection for
Internal Revenue Service	<u> </u>	Do not enter SSN number				ation is a 501(c)(3)	50	1(c)(3) Organizations Only er identification number
A Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)			yees' trust, see
	D-1-4	FOUR OAKS F	אאדוע אאזה פ	דדו	הסקאים פקסנו	TCEC	1	1-0998726
B Exempt under section X 501(c@3,)	Print or	Number, street, and room				ICES		ed business activity codes
408(e) 220(e)	Туре	5400 KIRKWO		x, see II	ISHUCHOHS		(See ins	tructions)
408A 530(a)		City or town, state or prov		r foreio	n nostal code		1	
529(a)		CEDAR RAPID			ir postar code		9000	99
O Book value of all assets		E Group exemption numb		<u> </u>				<u> </u>
47,786,0	81.	G Check organization type		oration	501(c) trust	401(a) trust	Other trust
H Describe the organization	n's prim	ary unrelated business acti	vity. ► SEC . 51	2(A)(7) QUALIF	IED PARKI	NG E	XPENSE
I During the tax year, was	the corp	oration a subsidiary in an a	iffiliated group or a parei	nt-subs	idiary controlled group?		Yes	X No
If "Yes," enter the name a	nd iden	tifying number of the paren	t corporation 🕨					
J The books are in care of						one number 🕨 3		
Part I Unrelated	d Trac	de or Business Inc	ome		(A) Income	(B) Expense	s	(C) Net
1 a Gross receipts or sale				١. ا				,
b Less returns and allow			c Balance	10	_			
2 Cost of goods sold (S				2		<u>-</u>		
3 Gross profit. Subtract				3 4a		3		
4a Capital gain net incom		art II, line 17) (attach Form	4707*	4a 4b				-
c Capital loss deduction			4/3/).	4c				
'		ips and S corporations (att	ach statement)	5		٠,		
6 Rent income (Schedu		ips and o corporations (att	aon statomont,	6				
7 Unrelated debt-finance		ne (Schedule E)		7				
		and rents from controlled o	rganizations (Sch. F)	8				
		on 501(c)(7), (9), or (17) or		9				
10 Exploited exempt activ	vity inco	me (Schedule I)		10				
11 Advertising income (S	Schedule	,		11				
12 Other income (See ins	struction	ns; attach schedule) $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ATEMENT 1	12	4,960.			
13 Total. Combine lines				13	4,960.	·-··		4,960.
Part II Deductio	ns No	ot Taken Elsewher utions, deductions must	'e (See instructions fo : be directly connecte	or limita d with	ations on deductions) the unrelated busines:	s income)		
							14	
15 Salaries and wages	,	RE	dule K) CEIVED 2 0 2019				15	
16 Repairs and mainten	ance	30	CEIVED				16	
17 Bad debts		3038	70	/			17	
18 Interest (attach sche	dule)	/'/ MAY	2000 70/	1			18	
19 Taxes and licenses			2 0 2019 S				19	
		c man decidate to the dring the	tules) (3)				20	
21 Depreciation (attach			·N, U7 =		21		- 	
· ·	aimed oi	n Schedule A and elsewher	e ou <u>Jefara</u>		22a		22b	
23 Depletion			-				23	<u> </u>
24 Contributions to defe		mpensation plans					25	
25 Employee benefit pro26 Excess exempt expe	•	chedule IV					26	
26 Excess exempt expe27 Excess readership co	•	•					27	
28 Other deductions (at	•	•					28	
29 Total deductions A		•					29	0.
		ncome before net operating	loss deduction. Subtrac	t line 2	9 from line 13		30	4,960.
		(limited to the amount on					31	
		ncome before specific dedu		om line	: 30		32	4,960.
		y \$1,000, but see line 33 in					33	1,000.
34 Unrelated business	taxable	income Subtract line 33 f	rom line 32. If line 33 is	greater	than line 32, enter the sm	naller of zero or		
line 32						78	34	3,960.

Form 990-1	(2017) FOUR OAKS FAMILY AND CHILDREN'S SERVICES	42-0998	726	Page 2
Part I	Tax Computation			
35	Organizations Taxable as Corporations See instructions for tax computation.			
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and	1		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \$ (2) \$ (3) \$			
þ	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000) \$			
C	Income tax on the amount on line 34 SEE STATEMENT 2	▶ :	35c	712.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:	[
	Tax rate schedule or Schedule D (Form 1041)	▶	36	
37	Proxy tax See instructions	▶□	37	
38	Alternative minimum tax	Γ	38	
39	Tax on Non-Compliant Facility Income See instructions		39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	44	40	712.
Part I	/ Tax and Payments			
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a			
b	Other credits (see instructions) 41b			
C	General business credit. Attach Form 3800 41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 41d		1	
е	Total credits Add lines 41a through 41d		4 1 e	
42	Subtract line 41e from line 40	Γ	42	712.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (at		43	
44	Total tax Add lines 42 and 43	49	A4	712.
45 a	Payments A 2016 overpayment credited to 2017 45a	V		
b	2017 estimated tax payments			
C	Tax deposited with Form 8868	712.		
d	Foreign organizations. Tax paid or withheld at source (see instructions) 45d			
е	Backup withholding (see instructions) 45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)		ł	
g	Other credits and payments Form 2439			
•	Form 4136 Other Total • 45g		1	
46	Total payments. Add lines 45a through 45g	51	46	712.
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached		47,	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	▶□	48	0.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	▶ [49	0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	nded 🕨 🗌	50	0.
Part V	Statements Regarding Certain Activities and Other Information (see instruct	ions)		
51	At any time during the 2017 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			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country			_ _ !
	here >			X X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?		X
	If YES, see instructions for other forms the organization may have to file			ļ
53	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$			l
	Under penalties of perjury, I declare than have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of prepager (other than taxpayer) is based on all information of which preparer has any knowledge.	best of my knowle	dge and belief, it is	true,
Sign	to a lillar of the last of the		the IRS discuss this	
Here	() () CFO		reparer shown belo	
	Signature of officer Date Title	instru	ictions)? X Ye	es No
	Print/Type preparer's name Preparer's signature Date Cl	heckif	PTIN	
Paid	CHAMMA HITI C 1/2 HA 05/15/19 SE	elf- employed		
Prepa	rer SHAWNA HOLD		P01315	
Use O	nlv Firm's name ► RSM US LLP	irm's EIN ▶	42-071	4325
	201 FIRST ST SE, SUITE 800			
	Firm's address ► CEDAR RAPIDS, IA 52401	Phone no. 31	<u>9-298-5</u>	333
			Form 99	90-T (2017)

FORM 990-T	OTHER INCOME	STATEMENT	1	
DESCRIPTION		AMOUNT		
SEC. 512(A)(7) QUALIFIED PARKING EXPENSE		4,960.		
TOTAL TO FORM 990-T, PA	AGE 1, LINE 12	4,960		

FORM	990-T LINE 35C TAX COMPUTATION		STATEMENT	2
1.	TAXABLE INCOME	3,960		
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	3,960		
3.	LINE 1 LESS LINE 2	0		
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	0		
5.	LINE 3 LESS LINE 4	0		
6.	INCOME SUBJECT TO 34% TAX RATE	0		
7.	INCOME SUBJECT TO 35% TAX RATE	0		
8.	15 PERCENT OF LINE 2	594		
9.	25 PERCENT OF LINE 4	0		
10.	34 PERCENT OF LINE 6	0		
11.	35 PERCENT OF LINE 7	0		
12.	ADDITIONAL 5% SURTAX	0		
13.	ADDITIONAL 3% SURTAX	0		
14.	TOTAL INCOME TAX			594
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017 DAYS	832		
	TAX PRORATED FOR NUMBER OF DAYS IN 2017 184 TAX PRORATED FOR NUMBER OF DAYS IN 2018 181	299 413		
1 /•	IAM INCOMINED FOR MOREDER OF DATE IN 2010 101	410		