

AMENDED RETURN-SECTION 512(A)(7) REPEAL
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Header section containing organization name (JAY NOLAN COMMUNITY SERVICES, INC.), address (15501 SAN FERNANDO MISS. BLVD., NO. 200 MISSION HILLS, CA 91345), EIN (51-0179153), and book value of assets (8,997,053).

Section H: Describe the organization's primary unrelated business activity. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes/No)

J The books are in care of EDWARD AMEY Telephone number (818) 361-6400

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), and Total. Total income is 0.

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)

Table with 2 columns: Description of deduction, Amount. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions (0); Unrelated business taxable income before net operating loss deduction (0); Net operating loss deduction; Unrelated business taxable income before specific deduction (0); Specific deduction (1,000); Unrelated business taxable income (0).

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Part III Tax Computation

35 Organizations Taxable as Corporations See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$ b 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 35c 0. 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 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 40 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a 41b Other credits (see instructions) 41b 41c General business credit. Attach Form 3800 41c 41d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d 41e Total credits. Add lines 41a through 41d 41e 42 Subtract line 41e from line 40 42 0. 43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 43 44 Total tax. Add lines 42 and 43 44 0. 45a Payments: A 2016 overpayment credited to 2017 45a 45b 2017 estimated tax payments 45b 45c Tax deposited with Form 8868 45c 45d Foreign organizations: Tax paid or withheld at source (see instructions) 45d 45e Backup withholding (see instructions) 45e 45f Credit for small employer health insurance premiums (Attach Form 8941) 45f 45g Other credits and payments: Form 2439 Form 4136 Other 2,075. Total 2,075. 46 Total payments. Add lines 45a through 45g SEE STATEMENT 2 46 2,075. 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 49 Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49 2,075. 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded 50 2,075.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. X 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: JAN 27 2020 Title: EXECUTIVE DIRECTOR May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No

Paid Preparer Use Only

Print/Type preparer's name: LIZBETH G. NEVAREZ Preparer's signature: [Signature] Date: JAN 27 2020 Check self-employed if PTIN: P01399868 Firm's name: GREEN HASSON & JANKS LLP Firm's EIN: 95-1777440 Firm's address: 10990 WILSHIRE BLVD., 16TH FLOOR LOS ANGELES, CA 90024-3929 Phone no.: (310) 873-1600

FOOTNOTES

STATEMENT 1

LINE 12 CHANGED DUE TO REPEAL OF SECTION 512(A)(7).

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 2

DESCRIPTION

AMOUNT

TAX FROM ORIGINAL FORM 990-T

2,075.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G

2,075.