** Return of Organization Exempt From Income Tax **

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

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### Part I: Summary

1. Briefly describe the organization's mission or most significant activities: **TO ASSIST PEOPLE WITH AUTISM AND DEVELOPMENTAL DISABILITIES.**

2. Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

#### Activities & Governance

3. Number of voting members of the governing body (Part VI, line 1a) | 3 | 7
4. Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7
5. Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 728
6. Total number of volunteers (estimate if necessary) | 6 | 11
7a. Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0.
7b. Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0.

#### Revenue

8. Contributions and grants (Part VIII, line 1h) | \( \text{Prior Year} \) | \( 216,043. \) | \( \text{Current Year} \) | \( 451,755. \)
9. Program service revenue (Part VIII, line 2g) | \( 18,686,683. \) | \( 21,073,191. \)
10. Investment income (Part VIII, column (A), lines 3, 4, and 7d) | \( 143,652. \) | \( 135,592. \)
11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 18,829.
12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | \( 19,046,378. \) | \( 21,679,367. \)

#### Expenses

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0.
14. Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0.
15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | \( 16,429,849. \) | \( 17,709,109. \)
16a. Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0.
16b. Total fundraising expenses (Part IX, column (D), line 25) | \( 39,222. \)
17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | \( 2,244,002. \) | \( 2,193,864. \)
18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | \( 18,673,851. \) | \( 19,902,973. \)
19. Revenue less expenses. Subtract line 18 from line 12 | \( 372,527. \) | \( 1,776,394. \)

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### Part II: Signature Block

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

**Signature of officer**

**EDWARD AMEY, EXECUTIVE DIRECTOR**

**Type or print name and title**

**Date**

**Preparer’s name**

**LIZBETH G. NEVAREZ**

**Preparer’s signature**

**Date**

**Check** ☐ self-employed

**PTIN**

**01399868**

---

**Paid**

**Firm’s name**

**GREEN HASSON & JANKS LLP**

**Firm’s EIN**

**95-1777440**

**Preparer’s phone number**

**(310) 873-1600**

---

**For Paperwork Reduction Act Notice, see the separate instructions.**

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**OMB No. 1545-0047**

**Department of the Treasury**

**Internal Revenue Service**

**Form 990**

**(Rev. January 2020)**

**Open to Public Inspection**

---

**Print/Type preparer’s name**

**LHA**

**Preparer’s signature**

**Date**

**Check** ☐ self-employed

**PTIN**

**01399868**

---

**May the IRS discuss this return with the preparer shown above? (see instructions)**

**☐ Yes ☐ No**

---

**Form 990 (2019)**

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**Rev. January 2020**

**OMB No. 1545-0047**

**Department of the Treasury**

**Internal Revenue Service**

**Form 990**

**(Rev. January 2020)**

**Open to Public Inspection**

---

**Print/Type preparer’s name**

**LHA**

**Preparer’s signature**

**Date**

**Check** ☐ self-employed

**PTIN**

**01399868**

---

**May the IRS discuss this return with the preparer shown above? (see instructions)**

**☐ Yes ☐ No**
Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III □

1 Briefly describe the organization's mission:

ENABLE INDIVIDUALS WITH AUTISM SPECTRUM DISORDER AND OTHER DEVELOPMENTAL DISABILITIES TO LIVE FULFILLING LIVES AS MEMBERS OF THE COMMUNITY BY PROVIDING SUPPORT SERVICES CUSTOMIZED TO THEIR INDIVIDUAL NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? □ Yes □ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? □ Yes □ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

<table>
<thead>
<tr>
<th>Code:</th>
<th>Expenses $10,658,786 including grants of $</th>
<th>Revenue $13,033,765</th>
</tr>
</thead>
</table>

SUPPORTED LIVING - PROVIDES DIRECT SUPPORT TO INDIVIDUALS WITH AUTISM SPECTRUM DISORDER AND/OR DEVELOPMENTAL DISABILITIES TO LIVE IN THEIR OWN HOMES AS MEMBERS OF THE COMMUNITY.

4b

<table>
<thead>
<tr>
<th>Code:</th>
<th>Expenses $6,021,765 including grants of $</th>
<th>Revenue $7,292,832</th>
</tr>
</thead>
</table>

COMMUNITY FACILITATOR - PROVIDES DIRECT SUPPORT TO CHILDREN WITH AUTISM SPECTRUM DISORDER AND/OR DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES. THE CHILDREN LEARN TO BE ACTIVE MEMBERS OF THEIR FAMILY, SCHOOL AND COMMUNITY.

4c

<table>
<thead>
<tr>
<th>Code:</th>
<th>Expenses $956,807 including grants of $</th>
<th>Revenue $746,594</th>
</tr>
</thead>
</table>

DAY PROGRAM - PROVIDES DIRECT SUPPORT TO INDIVIDUALS WITH AUTISM SPECTRUM DISORDER AND/OR DEVELOPMENTAL DISABILITIES TO SPEND THEIR DAYS IN THE COMMUNITY IN A MEANINGFUL WAY SUCH AS HOLDING A JOB OR ATTENDING CLASSES.

4d Other program services (Describe on Schedule O.)

4e Total program service expenses $17,637,358.
## Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>X</td>
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<tr>
<td>2</td>
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<td>12b</td>
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<td>13</td>
<td>X</td>
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<tr>
<td>14a</td>
<td>X</td>
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<td>14b</td>
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<td>X</td>
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<td>20b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
**Part IV Checklist of Required Schedules (continued)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>23. Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If &quot;Yes,&quot; complete Schedule J</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24d. Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>25b. If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>27. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b. A family member of any individual described in line 28a? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Did the organization receive more than $25,000 in non-cash contributions?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>31. Did the organization liquidate, terminate, or dissolve and cease operations?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>34. Was the organization related to any tax-exempt or taxable entity?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35b. If &quot;Yes&quot; to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>37. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>1b. Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** All Form 990 filers are required to complete Schedule O.
**Part V**

**Statements Regarding Other IRS Filings and Tax Compliance (continued)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.</td>
<td></td>
<td>728</td>
</tr>
<tr>
<td>b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>2b</td>
<td>X</td>
</tr>
<tr>
<td>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td>2a</td>
<td>X</td>
</tr>
<tr>
<td>3a. Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td>b. If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation on Schedule O</td>
<td>3b</td>
<td>X</td>
</tr>
<tr>
<td>4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td>b. If &quot;Yes,&quot; enter the name of the foreign country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>5a</td>
<td>X</td>
</tr>
<tr>
<td>b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>5b</td>
<td>X</td>
</tr>
<tr>
<td>c. If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>6a. Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td>b. If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>6b</td>
<td></td>
</tr>
<tr>
<td>7a. Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>b. If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>7b</td>
<td></td>
</tr>
<tr>
<td>c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>7c</td>
<td>X</td>
</tr>
<tr>
<td>d. If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9. Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td>9b</td>
<td></td>
</tr>
<tr>
<td>10. Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11. Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Gross income from members or shareholders</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>12a</td>
<td></td>
</tr>
<tr>
<td>b. If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td>12b</td>
<td></td>
</tr>
<tr>
<td>13. Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>13a</td>
<td></td>
</tr>
<tr>
<td>Note: See the instructions for additional information the organization must report on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>c. Enter the amount of reserves on hand</td>
<td>13c</td>
<td></td>
</tr>
<tr>
<td>14a. Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>14a</td>
<td>X</td>
</tr>
<tr>
<td>b. If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation on Schedule O</td>
<td>14b</td>
<td></td>
</tr>
<tr>
<td>15. Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?</td>
<td>15</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; see instructions and file Form 4720, Schedule N.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td>16</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Form 4720, Schedule O.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI | Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

b Enter the number of voting members included on line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization’s assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If "Yes," provide the names and addresses on Schedule O

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy?

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization’s CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website

Another’s website

X Upon request

Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization’s books and records

EDWARD AMEY - (818) 361-6400

15501 SAN FERNANDO MISSION BLVD., #200, MISSION HILLS, CA 91345
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization’s tax year.

- List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s current key employees, if any. See instructions for definition of "key employee."
- List the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week (list any hours for related organizations below line)</th>
<th>Position</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) EDWARD AMEY EXECUTIVE DIRECTOR</td>
<td>45.00 X</td>
<td>134,220. 0. 16,600.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) JESSICA MORROW CPO</td>
<td>45.00 X</td>
<td>101,988. 0. 5,311.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) CLARE DEFFENSE PRESIDENT</td>
<td>2.00 X X</td>
<td>0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) SHERRIE VAMOS VICE PRESIDENT</td>
<td>2.00 X X</td>
<td>0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) WILLIAM EICHER TREASURER (SINCE 07/2019)</td>
<td>2.00 X X</td>
<td>0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) VICKI JOHNSON SECRETARY</td>
<td>2.00 X X</td>
<td>0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) ERIN BORDA DIRECTOR</td>
<td>2.00 X</td>
<td>0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) CESAR LOPEZ DIRECTOR</td>
<td>2.00 X</td>
<td>0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) DAVE NAYLOR DIRECTOR</td>
<td>2.00 X</td>
<td>0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) JERRY EGGLESTON DIRECTOR (LEFT 07/2019)</td>
<td>2.00 X</td>
<td>0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) DEBBIE EGGLESTON DIRECTOR (LEFT 07/2019)</td>
<td>2.00 X</td>
<td>0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) ANN SNOWHOOK DIRECTOR (LEFT 02/2020)</td>
<td>2.00 X</td>
<td>0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Former Individual trustee or director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institutional trustee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Officer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest compensated employee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key employee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**1b Subtotal**: 236,208.00  0.00  21,911.00

**1c Total from continuation sheets to Part VII, Section A**: 0.00  0.00  0.00

**1d Total (add lines 1b and 1c)**: 236,208.00  0.00  21,911.00

**2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization**: 2

**3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a?**  Yes  No

**4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000?**  Yes  No

**5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?**  Yes  No

### Section B. Independent Contractors

**1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.**

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNATURE ANALYTICS, LLC, 10120 PACIFIC HEIGHTS BLVD SUITE 110, SAN DIEGO, CA</td>
<td>CONSULTING</td>
<td>113,107.00</td>
</tr>
</tbody>
</table>

**2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization**: 1
**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>900099</td>
<td>66,291.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>900099</td>
<td>385,464.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>451,755.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a SUPPORTED LIVING</td>
<td>900099</td>
<td>13,033,765.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b COMMUNITY FACILITATOR</td>
<td>900099</td>
<td>7,292,832.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c DAY PROGRAM CAMP</td>
<td>900099</td>
<td>746,594.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total, Add lines 2a-2f</td>
<td></td>
<td>21,073,191.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Investment income (including dividends, interest, and other similar amounts) |               | 135,592. | 135,592. |

| Income from investment of tax-exempt bond proceeds |               |          |          |

<table>
<thead>
<tr>
<th>Royalties</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6a Gross rents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross amount from sales of assets other than inventory</th>
<th>(i) Securities</th>
<th>(ii) Other</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from gaming activities. See Part IV, line 19</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross sales of inventory, less returns and allowances</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER REVENUE</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td>900099</td>
<td>18,829.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e Total, Add lines 11a-11d</td>
<td></td>
<td>18,829.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Total revenue. See instructions</td>
<td></td>
<td>21,679,367.</td>
<td>21,073,191.</td>
<td></td>
<td>0. 154,421.</td>
</tr>
</tbody>
</table>

Form 990 (2019)
### Part IX: Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

**Check here if following SOP 98-2 (ASC 958-720)**

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Column (A)</th>
<th>Column (B)</th>
<th>Column (C)</th>
<th>Column (D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and other assistance to domestic organizations and domestic governments.</td>
<td>$189,119</td>
<td>$170,791</td>
<td>$17,946</td>
<td>$382</td>
</tr>
<tr>
<td>See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>14,571,245</td>
<td>13,372,354</td>
<td>1,165,032</td>
<td>33,859</td>
</tr>
<tr>
<td>Compensation not included above to disqualified persons as defined under section</td>
<td>100,215</td>
<td>81,008</td>
<td>19,203</td>
<td>4</td>
</tr>
<tr>
<td>4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other salaries and wages</td>
<td>1,770,455</td>
<td>1,431,129</td>
<td>339,255</td>
<td>71</td>
</tr>
<tr>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>employer contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other employee benefits</td>
<td>1,078,075</td>
<td>998,245</td>
<td>77,298</td>
<td>2,532</td>
</tr>
<tr>
<td>Payroll taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td>244,690</td>
<td>224,558</td>
<td>19,564</td>
<td>568</td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>65,168</td>
<td>65,168</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td>45,888</td>
<td>45,888</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list</td>
<td>429,591</td>
<td>347,359</td>
<td>81,425</td>
<td>807</td>
</tr>
<tr>
<td>line 11g expenses on Sch O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>29,334</td>
<td>26,920</td>
<td>2,346</td>
<td>68</td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>196,902</td>
<td>102,544</td>
<td>94,193</td>
<td>165</td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>378,170</td>
<td>186,505</td>
<td>191,665</td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td>340,731</td>
<td>329,006</td>
<td>11,725</td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>50,693</td>
<td>46,521</td>
<td>4,054</td>
<td>118</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>220,555</td>
<td>202,408</td>
<td>17,634</td>
<td>513</td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above (List miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a DUPLICATING</td>
<td>57,917</td>
<td>53,151</td>
<td>4,631</td>
<td>135</td>
</tr>
<tr>
<td>b SUPPORT. LIVING SUBSIDY</td>
<td>55,850</td>
<td>55,850</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>c DUES AND SUBSCRIPTIONS</td>
<td>43,891</td>
<td>1,257</td>
<td>42,634</td>
<td>0</td>
</tr>
<tr>
<td>d All other expenses</td>
<td>34,484</td>
<td>7,752</td>
<td>26,732</td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>19,902,973</td>
<td>17,637,358</td>
<td>2,226,393</td>
<td>39,222</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Check here if Schedule O contains a response or note to any line in this Part IX**
### Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th></th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>2,107,329</td>
<td>3,426,301</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>325,433</td>
<td>344,024</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>1,947,545</td>
<td>2,124,861</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>103,862</td>
<td>148,826</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>4,852,620</td>
<td>5,253,425</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td>385,392</td>
<td>343,569</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>58,847</td>
<td>59,797</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>9,781,028</td>
<td>11,700,803</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>1,458,305</td>
<td>1,565,401</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>721,165</td>
<td>385,392</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>377,596</td>
<td>343,569</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>103,862</td>
<td>148,826</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>58,847</td>
<td>59,797</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>9,781,028</td>
<td>11,700,803</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>1,458,305</td>
<td>1,565,401</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>58,847</td>
<td>59,797</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>9,781,028</td>
<td>11,700,803</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>1,458,305</td>
<td>1,565,401</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>58,847</td>
<td>59,797</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>9,781,028</td>
<td>11,700,803</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>1,458,305</td>
<td>1,565,401</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>58,847</td>
<td>59,797</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>9,781,028</td>
<td>11,700,803</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>1,458,305</td>
<td>1,565,401</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>58,847</td>
<td>59,797</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>659,194</td>
<td>634,929</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>2,117,499</td>
<td>2,200,330</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Net assets without donor restrictions</td>
<td>7,663,529</td>
<td>9,500,473</td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td>7,663,529</td>
<td>9,500,473</td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>7,663,529</td>
<td>9,500,473</td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>9,781,028</td>
<td>11,700,803</td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>9,781,028</td>
<td>11,700,803</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td>9,781,028</td>
<td>11,700,803</td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>21,679,367.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>19,902,973.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>1,776,394.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>7,663,529.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>79,692.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>-19,142.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>9,500,473.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[X] Accrual</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[□] Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[□] Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[□] Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[□] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[X] Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[□] Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[□] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[□] Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[□] Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[□] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[□] Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[□] Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[□] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2019)
### Part I: Reason for Public Charity Status

All organizations must complete this part. See instructions.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Check Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Enter the number of supported organizations:</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Provide the following information about the supported organization(s):</td>
<td></td>
</tr>
<tr>
<td>(i) Name of supported organization</td>
<td>(ii) EIN</td>
<td>(iii) Type of organization (described on lines 1-10 above (see instructions))</td>
</tr>
</tbody>
</table>

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

Calendar year (or fiscal year beginning in) ▶

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2018 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>16a</td>
<td>33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a</td>
<td>10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>400,630</td>
<td>359,443</td>
<td>479,259</td>
<td>216,043</td>
<td>451,755</td>
<td>1,907,130</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td>1,541,940.6</td>
<td>1,590,100.6</td>
<td>1,716,828.5</td>
<td>1,868,668.3</td>
<td>2,107,319.1</td>
<td>8,824,857.1</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>1,582,003.6</td>
<td>1,626,044.9</td>
<td>1,764,754.4</td>
<td>1,890,272.6</td>
<td>2,152,494.6</td>
<td>9,015,570.1</td>
</tr>
<tr>
<td>7 Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9,015,570.1</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>1,582,003.6</td>
<td>1,626,044.9</td>
<td>1,764,754.4</td>
<td>1,890,272.6</td>
<td>2,152,494.6</td>
<td>9,015,570.1</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>131,615</td>
<td>124,256</td>
<td>121,225</td>
<td>143,652</td>
<td>135,592</td>
<td>656,340</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>18,987</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>2,995</td>
<td>5,048</td>
<td>1,816</td>
<td>18,829</td>
<td></td>
<td>28,688</td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td>1,597,363.3</td>
<td>1,638,975.3</td>
<td>1,777,058.5</td>
<td>1,904,637.8</td>
<td>2,167,936.7</td>
<td>9,085,971.6</td>
</tr>
</tbody>
</table>

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))</td>
<td>99.23%</td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2018 Schedule A, Part III, line 15</td>
<td>99.27%</td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2018 Schedule A, Part III, line 17</td>
<td>62%</td>
<td></td>
</tr>
</tbody>
</table>

33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
Section A. All Supporting Organizations

1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

   b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

   c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.

   b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

   c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's governing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the governing document).

   b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's governing document?

   c. Substitutions only. Was the substitution the result of an event beyond the organization's control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

   a. Substitutions only. Was the substitution the result of an event beyond the organization's control?

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

   b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

   c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

   b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
### Part IV  Supporting Organizations (continued)

**11** Has the organization accepted a gift or contribution from any of the following persons?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If “Yes” to a, b, or c, provide detail in Part VI.

**Section B. Type I Supporting Organizations**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Type II Supporting Organizations**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section D. All Type III Supporting Organizations**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section E. Type III Functionally Integrated Supporting Organizations**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete Part VI identify how you supported a government entity (see instructions).
### Part V
**Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
</tbody>
</table>

|   | Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | |

---

Schedule A (Form 990 or 990-EZ) 2019  JAY NOLAN COMMUNITY SERVICES, INC.  51-0179153  Page 6
### Part VI

**Total annual distributions.** Add lines 1 through 6.

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.

9 Distributable amount for 2019 from Section C, line 6

10 Line 8 amount divided by line 9 amount

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2019</th>
<th>(iii) Distributable Amount for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2014 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2019 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2020. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2019
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)

JAY NOLAN COMMUNITY SERVICES, INC.
51-0179153

20

14000329 758461 4268.T

2019.05080 JAY NOLAN COMMUNITY SERVI 4268.T_1
** PUBLIC DISCLOSURE COPY **

Schedule B
(2019)

Filers of:
Form 990 or 990-EZ  
☑ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
☐ 527 political organization

Form 990-PF
☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year ............................... ☑ $ ____________

Caution: An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$250,000.</td>
<td>Payroll X Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$66,291.</td>
<td>Payroll X Noncash</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$50,000.</td>
<td>Payroll X Noncash</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$15,000.</td>
<td>Payroll X Noncash</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$5,000.</td>
<td>Payroll X Noncash</td>
</tr>
</tbody>
</table>
## Part II: Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
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<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
### Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use duplicate copies of Part III if additional space is needed.

Name of organization: **JAY NOLAN COMMUNITY SERVICES, INC.**

Employer identification number: 51-0179153

- **JAY NOLAN COMMUNITY SERVICES, INC.**
  - Employer identification number: 51-0179153
  - Line entry: $
#### SCHEDULE D

**Supplemental Financial Statements**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

**Part II  Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1. **Purpose(s) of conservation easements held by the organization (check all that apply).**
   - Preservation of land for public use (for example, recreation or education)
   - Protection of natural habitat
   - Preservation of open space
   - Preservation of a historically important land area
   - Preservation of a certified historic structure

2. **Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.**

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

3. **Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.**

4. **Number of states where property subject to conservation easement is located.**

5. **Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?**

6. **Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.**

7. **Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.**

8. **Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?**

9. **In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.**

**Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1. **If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.**

2. **If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:***

<table>
<thead>
<tr>
<th></th>
<th>Revenue included on Form 990, Part VIII, line 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assets included on Form 990, Part X</td>
</tr>
</tbody>
</table>

---

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

LHA  932051 10-02-19

OMB No. 1545-0047
Department of the Treasury
Internal Revenue Service

**2019 Open to Public Inspection**

**Held at the End of the Tax Year.**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

**Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

---

**Name of the organization:** JAY NOLAN COMMUNITY SERVICES, INC.

**Employer identification number:** 51-0179153

---

**Supplemental Financial Statements**

Go to www.irs.gov/Form990 for instructions and the latest information.
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- Public exhibition
- Scholarly research
- Preservation for future generations
- Loan or exchange program
- Other

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

Part IV  Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- Beginning of year balance
- Contributions
- Net investment earnings, gains, and losses
- Grants or scholarships
- Other expenditures for facilities and programs
- Administrative expenses
- End of year balance

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- Board designated or quasi-endowment %
- Permanent endowment %
- Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- Unrelated organizations
- Related organizations

If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes  No

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>483,748. 145,915. 337,833.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>208,449. 202,713. 5,736.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>28,968. 28,968. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e.  (Column (d) must equal Form 990, Part X, column (B), line 10c.)  343,569.
Schedule D (Form 990) 2019

### Part VII: Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> <em>(Col. (b) must equal Form 990, Part X, col. (B) line 12.)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part VIII: Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(1)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(2)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(3)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(4)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(5)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(6)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(7)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(8)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(9)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> <em>(Col. (b) must equal Form 990, Part X, col. (B) line 13.)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX: Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(1)</em></td>
<td></td>
</tr>
<tr>
<td><em>(2)</em></td>
<td></td>
</tr>
<tr>
<td><em>(3)</em></td>
<td></td>
</tr>
<tr>
<td><em>(4)</em></td>
<td></td>
</tr>
<tr>
<td><em>(5)</em></td>
<td></td>
</tr>
<tr>
<td><em>(6)</em></td>
<td></td>
</tr>
<tr>
<td><em>(7)</em></td>
<td></td>
</tr>
<tr>
<td><em>(8)</em></td>
<td></td>
</tr>
<tr>
<td><em>(9)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> <em>(Column (b) must equal Form 990, Part X, col. (B) line 15.)</em></td>
<td></td>
</tr>
</tbody>
</table>

### Part X: Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. *(a) Description of liability* *(b) Book value* |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(1)</em> Federal income taxes</td>
<td></td>
</tr>
<tr>
<td><em>(2)</em> RESERVE FOR UNEMPLOYMENT</td>
<td>100,000.</td>
</tr>
<tr>
<td><em>(3)</em> DEFERRED RENT LIABILITY</td>
<td>534,929.</td>
</tr>
<tr>
<td><em>(4)</em></td>
<td></td>
</tr>
<tr>
<td><em>(5)</em></td>
<td></td>
</tr>
<tr>
<td><em>(6)</em></td>
<td></td>
</tr>
<tr>
<td><em>(7)</em></td>
<td></td>
</tr>
<tr>
<td><em>(8)</em></td>
<td></td>
</tr>
<tr>
<td><em>(9)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> <em>(Column (b) must equal Form 990, Part X, col. (B) line 25.)</em></td>
<td>634,929.</td>
</tr>
</tbody>
</table>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII | X |

Schedule D (Form 990) 2019
## Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>21,713,171</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>79,692</td>
</tr>
<tr>
<td>2b</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>21,633,479</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>45,888</td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>21,679,367</td>
</tr>
</tbody>
</table>

## Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>19,876,227</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Other losses</td>
<td>19,142</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>19,857,085</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>45,888</td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>19,902,973</td>
</tr>
</tbody>
</table>

## Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

JAY NOLAN RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. DURING THE YEAR ENDED JUNE 30, 2020, JAY NOLAN PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MIGHT HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

BAD DEBT 19,142.
## Part I  Questions Regarding Compensation

### Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

#### Employer identification number

<table>
<thead>
<tr>
<th>51-0179153</th>
</tr>
</thead>
</table>

#### Name of the organization

<table>
<thead>
<tr>
<th>JAY Nolan COMMUNITY SERVICES, INC.</th>
</tr>
</thead>
</table>

### Questions Regarding Compensation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal services (such as maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If &quot;No,&quot; complete Part III to explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization’s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent compensation consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 990 of other organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written employment contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation survey or study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approval by the board or compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a Receive a severance payment or change-of-control payment?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4c Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a The organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5b Any related organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a The organization?</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If &quot;Yes,&quot; describe in Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 If &quot;Yes&quot; on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
Schedule J (Form 990) 2019

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**Schedule J (Form 990) 2019**  
**Name of the organization**  
**JAY Nolan COMMUNITY SERVICES, INC.**  
**Employer identification number**  
**51-0179153**  

**Questions Regarding Compensation**  

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<td></td>
<td></td>
</tr>
<tr>
<td>5a The organization?</td>
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<td></td>
</tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part II  Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren’t listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) EDWARD AMEY</td>
<td>(i) 134,220.</td>
<td>0.</td>
<td>0.</td>
<td>16,600.</td>
<td>150,820.</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

Schedule J (Form 990) 2019
Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAY NOLAN COMMUNITY SERVICES, INC.</td>
<td>51-0179153</td>
</tr>
</tbody>
</table>

**FORM 990, PART VI, SECTION A, LINE 2:**

DEBBIE EGGLESTON AND JERRY EGGLESTON ARE MARRIED.

**FORM 990, PART VI, SECTION A, LINE 8B:**

THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

**FORM 990, PART VI, SECTION B, LINE 11B:**

THE FORM 990 IS REVIEWED BY THE FINANCE DIRECTOR AND EXECUTIVE DIRECTOR. AFTER INCORPORATING ANY CHANGES A COPY OF THE FORM 990 IS GIVEN TO ALL BOARD MEMBERS BEFORE FILING.

**FORM 990, PART VI, SECTION B, LINE 12C:**

THE BOARD TREASURER IS RESPONSIBLE FOR MONITORING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. QUESTIONNAIRES ARE GIVEN OUT ANNUALLY TO MONITOR AND ENFORCE COMPLIANCE. ANY CONFLICTS THAT SHOULD ARISE ARE REVIEWED BY THE BOARD EXECUTIVE COMMITTEE OR THE CORPORATE COMPLIANCE OFFICER.

**FORM 990, PART VI, SECTION B, LINE 15A:**

COMPENSATION OF THE EXECUTIVE DIRECTOR IS BASED ON SALARY SURVEYS, LEVEL OF RESPONSIBILITY AND PERFORMANCE REVIEWS, WHICH ARE PERFORMED INDEPENDENTLY, WITHOUT THE PARTICIPATION OF INTERESTED PERSONS. COMPENSATION DATA IS PREPARED BY THE HUMAN RESOURCE DIRECTOR AND PRESENTED TO THE BOARD FOR REVIEW AND APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBT EXPENSE  
-19,142.