AMENDED RETURN

OMB NO 1545-0887

OMB NO 1545-0
201

Department of the T	reasury
Internal Revenue Se	rvice

SCANNED MAY 2 0 2021

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning 07/01/17, and ending 06/30/18

Open to	Public Ins	pectio	on for
501(c)(3	Public Ins) Organiza	tions	Only

	nal Revenue Service	▶ Do			rs.gov/Form9901 t s on this form as ı						a 501(c)(3)	Op 50		c Inspection for a
A Î	Check box if address changed		Name of orga		(Check box if n					ſ	Employer in			
В	Exempt under section	1 1	1			·			•		(Employees'			
į.	X 501(C)(3)	Print	LAURE	L LEC	AL SERVI	CES,	IN	C.						
	408(e) 220(e)	. or			suite no If a P O box, s					٦L.	23-7	007	943	
[408A 530(a)	Туре	16 EA	ST O	TTERMAN S	TREE	T			6	E Unrelated b		activity co	des
	529(a)			-	nce, country, and ZIP o	r foreign po					(See instruc	•	1	
C	Book value of all assets		GREEN				PA	15601			6211	.10		
á	at end of year				er (See instruction									
			heck organiz			c) corpor	ation	50	01(c) trust		401(a) tru	st	Othe	er trust
H	Describe the organization	on's prim	ary unrelated	d business	activity									
	During the tax year, was	the corr	noration a ci	ıbcıdıanı ır	an affiliated gray	ın or a n	aront c	uberdian.	controlled a	roup?				Yes X No
	If "Yes," enter the name						arent-s	subsidially (controlled g	roup,			ا نــا	es in
	•				·								-	
	The books are in care of	f ▶ 0	RGANIZ	OITA	J				Tel	ephor	ne number	<u> </u>	·	
<u> </u>	art'i 🨘 Unrelated	d Trade	<u>e or Busi</u>	ness Inc	ome		,	(A) I	Income	ļ,	(B) Expenses	s	(C) Net
1a	Gross receipts or sale	s												
b	Less returns and allow				c Balance	•	1c				14 W. 54%	**************************************	33.00	
2	Cost of goods sold (So						2				Wid Th		领的联系	这种设计划
3	Gross profit Subtract			 			3				ariny a			
4a	Capital gain net incom			1 1 1	ECEIVED	1	4a				447.44		 	
b	Net gain (loss) (Form 479	7, Part II,	line 17) (attacl	Fo rm 479	7)		4b				344.34			
С	Capital loss deduction	for trust	ts	₹ 4 9	DD monor	S-OSC	4c				(*************************************			
5	Income (loss) from partnerships	s and S corp	orations (attach s	tatement) A	PR 5 2021	\.\s\.	_5			特殊	にはいい。		ļ	
6	Rent income (Schedul	ie C)		I —			_6	ļ						-
7	Unrelated debt-finance				GDEHUT		7			ļ				
8	Interest, annuities, royaltie	es, and re	nts from contr	olled organi.	zations (Schedule F		8			ļ				<u> </u>
9	Investment income of a se	ection 501	(c)(7), (9), or ((17) organız	ation (Schedule G)		9							
10	Exploited exempt activ	vity incor	ne (Schedul	e I)			10			1				
11	Advertising income (S	chedule	J)				11				Sec. 30.3 to 418498	m 6.54		
12	Other income (See ins	structions	s, attach sch	redule)			12			1	關係到斯			
13	Total. Combine lines						13		0				<u> </u>	0
() P.	art∦l∛ Deductio deduction	n s Not is must	t Taken E t be direct!	Isewher v conne	e (See instructed with the ι	ctions to unrelate	or limi ed bus	itations c siness in	on deduct (come.)	ions.) (Except	t for c	contribu	tions,
14	Compensation of office						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•	14		
15	Salaries and wages			•	,							15		
16	Repairs and maintena	nce										16		
17	Bad debts											17		
18	Interest (attach schedu	ule)										18		
19	Taxes and licenses				,							19		
20	Charitable contributions (S	See instru	ctions for limit	ation rules)								20		<u>.</u>
21	Depreciation (attach F		•						21			Sile		
22	Less depreciation class	med on \$	Schedule A	and elsew	here on return				22a			22b		0
23	Depletion											23		
24	Contributions to deferr	red comp	pensation pla	ans								24		÷
25	Employee benefit prog											25		
26	Excess exempt expen	,					•					26		
27	Excess readership cos	sts (Sche	edule J)									27		
28	Other deductions (atta		· ·									28		
29	Total deductions. Ad		-			_						29		
30	Unrelated business ta					n Subtra	act line	29 from lii	ne 13			30		
31	Net operating loss dec						_					31		
32	Unrelated business ta							ne 30				32	<u> </u>	
33	Specific deduction (Ge	enerally S	\$1,000, but s	see line 33	instructions for e	exception	is)					33	<u> </u>	
34	Unrelated business t			otract line	33 from line 32 If	line 33 i	s great	ter than lin	e 32,					,
	enter the smaller of ze							-				34		9 90-T (2017)
DAA	For Panerwork Redu	iction Ac	et Notice, se	e instruc	tions.						_		Form 3	୬७७-। (2017)

FOIIII	99(1-1 (2011) HAURELI BEGALI SERVICES, INC. 25-7007945			Ра	age ∡
<u>Pa</u>	rt III - Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group				
	members (sections 1561 and 1563) check here ▶		18,		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		-		
	(1) \$ (3) \$		×		
	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)		7.4		
	(2) Additional 3% tax (not more than \$100,000) \$		1: 1		
С	Income tax on the amount on line 34	▶	35c		
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	•			
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)	•	36		
37	Proxy tax. See instructions		37		
38	Alternative minimum tax		38		
			-		
	Tax on Non-Compliant Facility Income. See instructions		39		
40 D=	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40		
	rt IV Tax and Payments				
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a				
b	Other credits (see instructions)		1, 1		
С	General business credit Attach Form 3800 (see instructions) 41c		5		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		With the		
е	Total credits. Add lines 41a through 41d		41e		
42	Subtract line 41e from line 40		42		
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att sch.)		43		
44	Total tax. Add lines 42 and 43		44		0
45a	Payments A 2016 overpayment credited to 2017				
b	2017 estimated tax payments 45b				
С	Tax deposited with Form 8868]· , ,		
đ	Foreign organizations Tax paid or withheld at source (see instructions) 45d		-		
е	Backup withholding (see instructions) 45e				
f	Credit for small employer health insurance premiums (Attach Form 8941) 45f				
g	Other credits and payments Form 2439		200		
	Form 4136 X Other SEE STMT 2 Total ▶ 45g 5	532	1		
46	Total payments. Add lines 45a through 45g		46	5	532
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached		47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48		
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	\blacktriangleright	49	5	532
50	Enter the amount of line 49 you want Credited to 2018 estimated tax ▶ Refunded	I	50	5	532
· Pa	rt V*1 Statements Regarding Certain Activities and Other Information (see instructions)				
	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority	,		Yes	No
•	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			184	12.00
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country				
	here >				X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn tru	ıst?		X
	if YES, see instructions for other forms the organization may have to file	•		-Te-1	11.20
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			() % Tell	5
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge an	nd belief	, it is		
Sig	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			May the IRS discuss this	retum
Her				with the preparer shown to (see instructions)?	below
	Signature of officer Date Title			Yes	No
	Propagative of difficers and Preparer's signature Date		Check	if PTIN	
Paid		3/21	self-emp	ployed P00450742	
Prep		Firm's	·	46-16317	
Use		3			
436	1 22-22-22-23	Phone	no	724-832-64	401

Form **990-T** (2017)

Part I, line 7, column (B)

Part I, line 7, column (A)

 \triangleright

Totals

Total dividends-received deductions included in column 8

TOTTI 340-1 (2017) 2010		2111		10.			<u> </u>	50,5			raye -	
<u> Schedule F – Interest, Anni</u>	uities, Roya	Ities, and I							(see instruc	ctions)		
-			E	xempt	Controlled	Orga	nızatıoı	าร		_		
Name of controlled organization , , , .			emilication number		nrelated income 4 Total of specifie payments made			5 Part of column included in the coorganization's gro	ontrolling	6 Deductions directly connected with income in column 5		
(1) N/A			-		_				- Organization's gre	iss income		
											.	
(2)												
(3)						-						
(4)	tions.											
Nonexempt Controlled Organiza	luons		i	1			Γ					
7 Taxable Income		8 Net unrelated in (loss) (see instruc		9	9 Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income		e controlling	1	Deductions directly nected with income in column 10	
(1)		•				_						
(2)												
(3)											-	
(4)												
	•				^		Ent	er here an	s 5 and 10 id on page 1, column (A)	Ente	d columns 6 and 11 r here and on page 1, I, line 8, column (B)	
Totals						<u> </u>	<u> </u>			<u> </u>		
Schedule G – Investment Ir	ncome of a	Section 50	1(c)(7),	, (9),	or (17) O	rganiz	ation	(see ır	nstructions)			
1 Description of income		´2 Amoui	' 2 Amount of income			, i			4 Set-asides itach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1) N/A												
(2)				1								
(3)				1						·		
(4)				1						Ì		
Totals		Enter here a Part I, line	9, column	(A)					none, from aponer		er here and on page 1, rt I, line 9, column (B)	
<u> Schedule I – Exploited Exe</u>	mpt Activity	Income, C	Other T	han .	<u>Advertisi</u>	ng Ind	ome	(see in	structions)			
1 Description of exploited activity	2 Gross unrelated business inco from trade o business	me conn	Expenses directly lected with duction of hirelated less income		4 Net income (I from unrelated to or business (col 2 minus column If a gain, comp cols 5 through	rade umn 3) ute	from ac	ss income ctivity that unrelated ss income	attnbu	enses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A		1		<u> </u>			•				-	
(2)	1	1		$\neg \vdash$				-				
(3)	<u> </u>			+								
(4)	-			1							1	
Totals ▶	Enter here and page 1, Part line 10, col (A	page یر ا	here and on e 1, Part I, i0, col (B)								Enter here and on page 1 Part II, line 26	
Schedule J – Advertising In	come (see i	nstructions)		1, 201,			410/1 20-1					
Part I Income From P			n a Co	nsol	idated Ba	sis					-	
					4 Advertising						7 Excess readership	
1 Name of penodical	2 Gross advertising income	I	Direct tising costs		gain or (loss) (c 2 minus col 3) a gain, compu cols 5 through	ool If te 7		culation come		dership sts	costs (column 6 minus column 5, but not more than column 4)	
(1) N/A											建设公司的	
(2)		-										
(3)												
4)												
Totals (carry to Part II, line (5))												
Totals (carry to Fart II, line (5))	I		•						<u> </u>	-	Form 990-T (2017)	

Form 990-T (2017) LAUREL LEGAL SERVICES, INC.

23-7007943

	Periodicals Reponsion a line-by-line bas	•	arate Basis (For	each periodical	isted in Part II, fil	l in columns
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I	•					
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11 col (A)	Enter here and on page 1, Part I, line 11 col (R)				Enter here and on page 1, Part II, line 27
	ion of Officers D	irostors and T	ructoos (occupat	notions)	(株式をかかみ)200分のかびた。 メント	
Schedule K – Compensat	ion of Officers, D	nectors, and i	rustees (see instr		D	

Schedule K - Compensation of Officers, Direct	ctors, and trustees (see instructions)		
1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1) N/A		%	
(2)		<u> </u>	
(3)		%	
(4)		%	
Total Enter here and on page 1. Part II. line 14			

Form **990-T** (2017)

LAURELLEGAL LAUREL LEGAL SERVICES, INC. 23-7007943 Federal Statements

FYE: 6/30/2018

Statement 1 - Form 990-T - Explanation for Amending

Description

SECTION 512(A)(7), WHICH REQUIRED TAX-EXEMPT EMPLOYERS TO INCREASE THEIR UNRELATED BUSINESS TAXABLE INCOME ("UBTI") BY AMOUNTS PAID OR INCURRED FOR QUALIFIED TRANSPORTATION FRINGE BENEFITS PROVIDED TO EMPLOYEES, INCLUDING THE PROVISION OF PARKING AND PUBLIC TRANSPORTATION BENEFITS, WAS REPEALED RETROACTIVE TO THE DATE OF ITS ENACTMENT.

Statement 2 - Form 990-T, Part IV, Line 45g - Other Credits and Payments

Description		Amount
PAID WITH ORIGINAL RETURN	\$_	532
TOTAL	\$	532

2/3/2021 12:02 PM