Form 990-T	E		eturn - sect anization Bus				n [OMB No 1545-0687	
			and proxy tax und			17017		2040	
*	For cal	lendar year 2018 or other tax y			, and ending	1012	[2018	
Department of the Treasury Internal Revenue Service	 		w.irs.gov/Form990T for it pers on this form as it may).	Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed	Name of propagation / Check how if name changed and see instructions) DEmployer iden					oyer identification number loyees' trust, see actions)			
B Exempt under section.	Print	PACIFIC YOUTH FO	OUNDATION					80-0162835	
X 501(c)(3 / 1), (Or	Number, street, and room or suite no. If a P.O. box, see instructions.							
408(e) 220(e)	Type	1640 5TH ST, NO			 		4		
408A 530(a) 529(a)						90009	900099		
C Book value of all assets at end of year		F Group exemption nur		<u> </u>					
			/pe ► X 501(c) cor				a) trust	Other trust	
H Enter the number of the				1 EDCUI		be the only (or first) u		Alexandra	
			ROM LIMITED PARTN			e, complete Parts I-V			
			ous sentence, complete Pa	arts I an	ia II, complete a Scheau	lie M for each additio	nai trade	or	
business, then complete			a affiliated aroun or a para	nt cubo	idiany controlled group?	,	Ye	es X No	
If "Yes," enter the name a			n affiliated group or a pare	111-5005	idiary controlled group		Te	;S [<u></u>] NU	
J The books are in care of					Teler	phone number	310-77	4-0057	
		le or Business In			(A) Income	(B) Expense		(C) Net	
1a Gross receipts or sale				j		<u> </u>		,	
b Less returns and allow		*****	c Balance	1c		1		/	
2 Cost of goods sold (S		A, line 7)		2					
3 Gross profit. Subtract			(7	3					
- 4a Capital gain net incom	ne (attacl	h Schedule D)		4a					
b Net gain (loss) (Form	4797, Pa	art II, line 17) (attach For	m 4797)	4b					
 v (,abita) joec godinetiou 	for trus	ts .		4c				<i>/</i>	
5 Income (loss) from a	partners	hip or an S corporation (attach statement)	5	-30,619	. STMT 17			
6 Rent income (Schedu	le C)			6					
⊥.17 Unrelated debt-finance		, ,		7					
8 Interest, annuities, roy	atties, ar	nd rents from a controlled	organization (Schedule F)	8					
[9] Investment income of			organization (Schedule G)			1			
Exploited exempt active Advertising income (S	-	• •		10		 			
Advertising income (S		,		11		+			
42. Other income (See ins			• • •	12	-30,619			-30,619.	
13 Total Combine lines			re (See instructions to	r limit				30,013.	
			st be directly connected						
14 Compensation of offi	cers. dir	ectors, and trustees (Sch	nedule K)				14		
15 Salaries and wages		00.070, 0.10 1.001000 (00.					15		
16 Repairs and mainten	ance						16		
17 Bad debts							17		
18 Interest (attach schei	dule) (se	e instructions)					18·		
19 Taxes and licenses		1/100				•	19	 	
20 Charitable contribution	ons (See	រព្រុនដោធិ៍ពីកែនិព្រៃ limitatio	n rules)		SEE STATEM	ENT 18	20		
21 Depreciation (attach)	BUS	B2) nk - USB Bche dule A and elsewhe			21		_		
	ime @ @i	E che dule A and elsewhe	ere on return		22a		22b		
23 Depletion		a 9080	•		•		23		
24 Contributions to defe		opensation plans			•		24		
25 Employee benefit pro		hadula IX	•				25		
26 Excess exempt exper27 Excess readership co	ises (SCI ධුයක් ම	reduce of					26 27		
			a ^r	•			28		
28 Other deductions (att29 Total deductions. Ac				٠	•		29	0.	
			ng loss deduction. Subtrac	t line 20	9 from line 13		30	-30,619.	
			eginning on or after Janua				31		
,		come. Subtract line 31 fr		٠, ٠, ٤٠	(00000.00.00)	_	32	-30,619.	
823701 01-09-19 LHA F0								Form 990-T (2018)	
	.,			9		(17	· \	
.0110⁄9 701245	1166	616.0	2018	.06	040 PACIFIC	YOUTH FO	UNDA	TION 11661	

Form 990-				.020.			
Part I	Total Unrelated Business Taxable Income		 	3.	,		
33/	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instruc	ctions)	J L	33	-30	,619.
34	Amounts paid for disallowed fringes						
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)						
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	um of			1		
	lines 33 and 34			1	36	-30	,619.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		4	6	37		,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36	t	ĭŀ	"	:	
38	enter the smaller of zero or line 36	30,	1	l l	7	_30	,619.
Dont				4	38	- 30,	,015.
Part I					1		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			▶ ⊦	39		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 3	8 from:	- -			
	Tax rate schedule or Schedule D (Form 1041)		l	▶	40		
41	Proxy tax. See instructions			►L	41		
42	Alternative minimum tax (trusts only)			L	42		
43	Tax on Noncompliant Facility Income. See instructions				43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	-	•		44		0.
Part \	· · · · · · · · · · · · · · · · · · ·						
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		\Box			
10 L	Other credits (see instructions)	45b					
	General business credit. Attach Form 3800	45c		\dashv			
Ü				\dashv	i		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		⊢-	45-		
е	Total credits. Add lines 45a through 45d			⊢	45e		
46	Subtract line 45e from line 44		1	⊢	46	<u> </u>	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 L	Other (attach schedul	(e)	47		
48	Total tax. Add lines 46 and 47 (see instructions)			L	48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			⊢	49		0.
50 a	Payments: A 2017 overpayment credited to 2018	50a		_	1		
b	2018 estimated tax payments	50b					
C	Tax deposited with Form 8868	50c					
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			į		
	Backup withholding (see instructions)	50e					
	Credit for small employer health insurance premiums (attach Form 8941)	50f					
'	Other credits, adjustments, and payments: Form 2439	100.					
¥	Form 4136 Other Total	50g			1		
		TOOR I		-	<u>-</u>		
51	Total payments. Add lines 50a through 50g				51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached				52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed				53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		1		54		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded	>	55		
Part \	Statements Regarding Certain Activities and Other Information	n (see	instructions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature $\boldsymbol{\alpha}$					Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	foreign c	country				
	here >						х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	to, a foreign trust?				X
	If "Yes," see instructions for other forms the organization may have to file.						
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$						
-	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, a	and to the best of my kno	wledge	e and belief, it is true),	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	nas any k	nowledge				
Here	Offer your 1 11 111 120 M MANAGING DE	IRECTO	OR .		the IRS discuss this reparer shown below		/ith
	Signature of officet X Date Title				uctions)? X Ye	·	No No
			Check	ıf	PTIN	-	
	Print/Type preparer's name Preparer's signature Dat	ıc		•	1		
Paid	ENTRY PROUNT PAGE 11/	00/20	self- employ	cu	P00650274		
Prepa	rer	09/20	15 . 5		<u> </u>		
Use C	nly Firm's name ► ARMANINO LLP		Firm's EIN		94-62148)#I	
	21650 OXNARD STREET, STE 2400		 				
	Firm's address WOODLAND HILLS, CA 91367		Phone no.	818	3-587-9300	<u> </u>	
823711 01-	09-19				Form 99	3 0-T	(2018)

FOOTNOTES

STATEMENT 16

THIS RETURN IS AMENDED DUE TO REPEAL OF SECTION 512(A)(7). THE FOLLOWING CHANGES WERE MADE TO THE RETURN.

PART III, LINE 34, AMOUNTS PAID FOR DISALLOWED FRINGES IS REDUCED FROM \$5,400 TO \$0.

PART III, LINE 36, TOTAL OF UNRELATED BUSINESS TAXABLE INCOME BEFORE SPECIFIC DEDUCTION IS REDUCED FROM -\$25,219 TO - \$30,619.

PART III, LINE 38, UNRELATED BUSINESS TAXABLE INCOME IS REDUCED FROM -\$25,219 TO -\$30,619.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 17
DESCRIPTION		NET INCOME OR (LOSS)
INCOME (LOSS)	OPPORTUNITIES FUND, LLC - OTHER	-1,800.
	S FUND II, LP - OTHER INCOME (LOSS) S FUND, L.P OTHER INCOME (LOSS)	-12,243. -16,576.
TOTAL INCLUDED ON FORM	990-T, PAGE 1, LINE 5	-30,619.

FORM 990-T CONTRIBUTIONS SU	JMMARY STATEMENT 18
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LI	MIT
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTI FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	ONS
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	2,298,262
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	2,298,262
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	2,298,262 0 2,298,262
ALLOWABLE CONTRIBUTIONS DEDUCTION	0
TOTAL CONTRIBUTION DEDUCTION	0