For 990-T	1 6	Exempt Orga	enization B				1 I	OMB No 1545-0687
			and proxy tax u	nder sec	tion 6033(e))	190	ک [0040
	For ca	lendar year 2018 or other tax y				אנע 30, 201	<u>8</u>	2018
Department of the Treasury			w.irs gov/Form990T to				_ L	Open to Public Inspection to
Internal Revenue Service		Do not enter SSN numb	ers on this form as it n	nay be mad	e public if your organ	ization is a 501(c)(3 <u>)</u>		Open to Public Inspection to 501(c)(3) Organizations Only
A Check box if address change	ed	Name of organization (Check box if nam	e changed a	and see instructions)		(Emple	oyer identification number oyees' trust, see ctions)
B Exempt under section	n Print	Pathpoint					9	5-2371668
X 501(c)(3)	Or	Number, street, and roo	m or suite no. If a P.O	box, see ins	structions			ated business activity code instructions)
408(e)220	(e) Type	315 West Ha	aley Street	. No.	202] `	,
408A530	(a)	City or town, state or pr			postal code		L.,	
529(a)		Santa Barba					531	110
C Book value of all assets at end of year		F Group exemption num	nber (See instructions.)	<u> </u>				1 011 - 1
25,109	,577.	G Check organization ty	pe 🕨 🔼 501(c) c	corporation	501(c) trust			Other trust
H Enter the number of t	ne organiza	ation's unrelated trades or	businesses -			e the only (or first) un		46
		asing of cor				e, complete Parts I-V.		
		ace at the end of the previ	ous sentence, complete	Paris Land	i ii, complete a Schedu	ne ivi for each addition	iai u aue	: 01
business, then compl		ooration a subsidiary in ar	affiliated group or a pr	arent-cuber	liany controlled groups	· •	Ye	s X No
		tifying number of the pare		ai ciit-suusit	nary controlled group.			S LAZ IVO
		Rosa Hernand		nting	ManagerTelep	hone number	805)966-3310
Part I Unitela		de or Business In		T	(A) Income	(B) Expenses		(C) Net
1a Gross receipts or			T					
—			c Balance	▶ 10				
Less returns and a Cost of goods sole Gross profit, Subti		A, line 7)		2				
3 Gross profit. Subt	-		(-4-	3				
4a Capital gain net ini b Net gain (loss) (Fo c Capital loss deduc 5 Income (loss) fror 6 Rent income (Sch	come (attac	ch Schedule D)	\bigcirc	4a				_
b Net gain (loss) (Fo	rm 4797, F	Part II, line 17) (attach For	m 4797)	4b				-
🙎 c Capital loss deduc	tion for tru	sts		4c				
🗲 5 Income (loss) fror	n a partner	ship or an S corporation (attach statement)	5				
6 Rent income (Sch	edule C)		•	6	23,370			7,000.
7 Unrelated debt-fin	anced inco	me (Schedule E)		7	576	. 1	.32.	444.
		and rents from a controlled	_					
9 Investment incom	e of a secti	on 501(c)(7), (9), or (17)	organization (Schedule					
10 Exploited exempt	-			. 10		ļ		
11 Advertising incom	•	•		11		_		
•		ns; attach schedule)		12	22 046	16 6	0.2	7 444
13 Total. Combine li		_{igh 12} ot Taken Elsewhe		13	23,946		02.	7,444
		utions, deductions mu						
		rectors, and trustees (Sch					14	
15 Salaries and wag		rectors, and trustees (our		CEN (E			15	
16 Repairs and mair			KE	CEIVE	D		16	
17 Bad debts	itoriarioo		[2]	***********	- Ig		17	
18 Interest (attach s	chedule) (s	ee instructions)	FEB FEB	2 4 20	20 50-5		18	
19 Taxes and licensi	, ,	,		W 7 LD	[8]		19	
		e instructions for limitatio	n rules)	DEN, L			20	
21 Depreciation (atta	•		r ogr) = 1V, (21			
22 Less depreciation	claimed o	n Schedule A and elsewhe	ere on return		22a		22b	
23 Depletion							23	
·	deferred co	mpensation plans					24	
25 Employee benefit	programs						25	
26 Excess exempt e	xpenses (S	chedule I)					26	
27 Excess readershi	p costs (Sc	hedule J)					27	
28 Other deductions	(attach scl	nedule)					28	
29 Total deductions	. Add lines	14 through 28					29	0.
		ncome before net operatu	•				30	7,444.
		loss arising in tax years b		nuary 1, 20	18 (see instructions)		31	
		ncome. Subtract line 31 fi					32	7,444.
922701 01.00-10 I HA	For Page	work Reduction Act Notic	ce see instructions			1 /		Form 990-T (2018

	· raciiporiic							
Part	II Total Unrelated Business Taxa	ble Income						
33	Total of unrelated business taxable income compu	ted from all unrelated trades or businesses	(see instruction	is)	33	7	',4	44.
34	Amounts paid for disallowed fringes				34			
35	Deduction for net operating loss arising in tax year	s beginning before January 1, 2018 (see in	structions)		35	6	, 0	04
36	Total of unrelated business taxable income before	'						
	lines 33 and 34				36	1	. , 4	40.
37	Specific deduction (Generally \$1,000, but see line 3	37 instructions for excentions)			37		.,0	
38	Unrelated business taxable income Subtract line		ne 36		 • -		, -	
30	enter the smaller of zero or line 36	or nom mic oo. If the or is greater than in	00,		38		4	40.
Dort 1	V Tax Computation	 			1 30 1			
39	Organizations Taxable as Corporations. Multiply	line 38 hv 21% (0.21)		•	39			92
40	Trusts Taxable at Trust Rates. See instructions fo	• •	int on line 38 fr					
40	Tax rate schedule or Schedule D (Fo		ant on line 30 m) III	40			
44	•	1111 1041)			\vdash			
41	Proxy tax See instructions				41			
42	Alternative minimum tax (trusts only)	atom a			42			
43	Tax on Noncompliant Facility Income. See Instruc				43			92.
44	Total Add lines 41, 42, and 43 to line 39 or 40, wh	iichever applies			44			74
	Tax and Payments	4440	Tar. T					
	Foreign tax credit (corporations attach Form 1118,	trusts attach Form 1116)	45a		⊣ ∣			
b	Other credits (see instructions)		45b		4			
C	General business credit. Attach Form 3800		45c		-			
d		01 or 8827)	45d		-			
е	Total credits Add lines 45a through 45d				45e			~~
46	Subtract line 45e from line 44				46			92
47	Other taxes. Check if from Form 4255	Form 8611 Form 8697 Form	8866 L Oti	16f (attach schedule)	47			
48	Total tax Add lines 46 and 47 (see instructions)				48			92.
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		」			
b	2018 estimated tax payments		50b		」			
C	Tax deposited with Form 8868		50c					
d	Foreign organizations: Tax paid or withheld at sour	ce (see instructions)	50d]			
е	Backup withholding (see instructions)		50e		7			
f	Credit for small employer health insurance premiui	ns (attach Form 8941)	50f		7			
		orm 2439			7			
•	Form 4136 X 0	ther 4,234. Total	▶ 50g	4,234	.			
51	Total payments Add lines 50a through 50g		tatemen	t 1	51	4	. , 2	34
52	Estimated tax penalty (see instructions) Check if F	orm 2220 is attached			52			
53	Tax due If line 51 is less than the total of lines 48,			•	53			
54	Overpayment. If line 51 is larger than the total of li			•	54	4	.1	42.
-	Enter the amount of line 54 you want. Credited to		1	Refunded >	55	4	,1	42.
	/I Statements Regarding Certain		ation (see ins		1 00 1		<u>, – </u>	
56	At any time during the 2018 calendar year, did the						Yes	No
00	over a financial account (bank, securities, or other)	•		· ·		-		
	FinCEN Form 114, Report of Foreign Bank and Fina	-				ļ		
		inclai Accounts in Tes, enter the name of	are roreign cour	itry		ŀ		Х
	here >	databutas from an use of the greater of a		forman truct?		-	\dashv	X
57	During the tax year, did the organization receive a		ir transferor to, a	a foreign trust?		⊢	-	
	If "Yes," see instructions for other forms the organi							
58	Enter the amount of tax-exempt interest received o		and statements, and	d to the best of my ke	owledge and	belief it is tr		
Sign	Under penalties of perjury declare that I have examine correct, and complete personnel of preparer (other than	this return, including accompanying schedules a manager) is based on all information of which pr	eparer has any kno	wledge	owiedge and	Deller, It is u	ue,	
Here		1 1 / 6 1 1 772	01a - 4 - 4	·	May the IRS d	liscuss this r	eturn v	vith
Here		$\frac{\partial \cdot (\delta \cdot \lambda_0)}{\text{Date}} \text{Vice} \frac{\nabla}{\text{Title}}$	Chair		he preparer s			٦
	Signature or officer				nstructions)?	X Yes		No
	Print Type preparer's name	Preparer's signature	Date	Check	if PTIN			
Paid	Carlos A. Davis,		_	self- employed				
Prepa	arer CPA	Carlos A Davis	2/12/20			20370		
Use (Inty Firm's name Harrington G			Firm's EIN	> 95	-4557	61	<u>/</u>
	234 East C	Colorado Blvd., Sui	te M150				- -	
	Firm's address ➤ Pasadena,	CA 91101		Phone no.	(626)	403-	68	01

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation N/A			
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6
2 Purchases	2		7	Cost of goods sold Su	btract I	ine 6	
3 Cost of labor	3			from line 5 Enter here	and in F	art I,	
4a Additional section 263A costs				line 2			7
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to	Yes No
Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to	i
5 Total. Add lines 1 through 4b	5			the organization?			
Schedule C - Rent Income ((see instructions)	From Real	Property and	Pe	rsonal Property l	Leas	ed With Real Prop	oerty)
1. Description of property							
(1) Haley Suite 101		 -					····
(2) WYD - 37 Mountain	n Dr.,	Santa Bar	baı	ca, CA 9310	3		
(3)							
(4)							
		ed or accrued				2/a) Deductions directly	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for pe	rsonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ıge	See State	2(b) (attach schedule)
(1)				21,9	30.		16,370.
(2)				1,4	40.		
(3)							
(4)							·
Total	0.	Total		23,3	<u>70.</u>	<u></u>	
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	>		23,3	70.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	16,370.
Schedule E - Unrelated Deb	t-Financed	Income (see it	nstru	ctions)			
			2	Gross income from		Deductions directly conn to debt-finance	
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions (attach schedule)
				,		(attach schedule)	Statement 3
(1) WYP - 37 Mountain	n Dr 9	Santa				<u> </u>	Deacement 5
(2) Barbara, CA 9310		Sanca		1,440.			331.
				1,110,			- 3321
(3)				<u> </u>			
4. Amount of average acquisition debt on or allocable to debt-financed	5. Average of or a	adjusted basis	6	Column 4 divided by column 5		7. Gross income reportable (column	8. Allocable deductions (column 6 x total of columns
property (attach schedule) Statement 4	debt-fina Statei	nced property		•		2 x column 6)	3(a) and 3(b))
(1)	Blace	menc 5		%			-
(2) 6,605.		16,500.		40.03%		576.	132.
(3)				%			
(4)				%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				▶		576.	132.
Total dividends-received deductions inc	cluded in columi	n 8		- 1		▶	0.
	·						Form 990-T (2018)

Form 990-T (2018) Pathpo	int	_					95-23		
Schedule F - Interest,	Annuities, Roya					atio	ns (see ins	struction	s)
		Exempt	Controlled C)rganızatı	ons				
Name of controlled organizar	identii		nrelated income ee instructions)	4 Tota payn	al of specified nents made	includ	rt of column 4 led in the cont tation's gross	trolling	Deductions directly connected with income in column 5
(1)	<u> </u>			1				— †	
(2)					-				
(3)									
(4)				1					
Nonexempt Controlled Organi	zations	•	•	·					
7 Taxable Income	8. Net unrelated inco (see instruction		al of specified pay made	rments	10 Part of column the controllingross	mn 9 tha ing organ income	nızatıon's	11. Dec	ductions directly connected income in column 10
(1)	"								
(2)				i		-		i	•
(3)									-
(4)									
					Add colun Enter here and line 8, c	on page	e 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals				▶			0.	1	0.
Schedule G - Investme (see insti		Section 501(c)(7), (9), or	(17) Or	ganization	1			
1. Desc	ription of income		2. Amount of	f income	3. Deduction directly connect (attach scheduction)	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				ĺ	-				
(2)									
(3)									
(4)			Enter here and						Enter here and on page 1, Part I, line 9, column (B)
Totals		•	Part I, line 9, co	0.					0.
Schedule I - Exploited (see instru	•	y Income, Oth	er Than Ad	dvertisi	ng Income)			
		3 Expenses	4. Net incor						7. Excess exempt
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly connected with production of unrelated business income	from unrelated business (comminus colum gain, comput through	olumn 2 nn 3) If a te cols 5	 Gross inco from activity to is not unrelated business inco 	hat ed	attribut	penses table to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)			1		-		Ì		1
(2)			1	T I					
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				i,			Enter here and on page 1, Part II, line 26
Totals >	0.	0	•						0.
Schedule J - Advertisi									
Part I Income From I	Periodicals Rep	orted on a Co	nsolidated	l Basis					
1. Name of periodical	2 Gross advertising income	3. Direct advertising cost	or (loss) (c s col 3) If a g	tising gain of 2 minus jain, compute hrough 7	5. Circulat income		6. Read- cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))	•	0.	0.						0.
									- 000 T (0010)

Form 990-T (2018) Pathpoint 95-23716 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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)						
(2)						
(3)						
(4)						
Totals from Part I	▶ 0.	0.			-	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)] `			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 0.	0.	_		•	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

Form 990-T	Other Credits a	nd Payments		Statement	1
Description				Amount	
Line 34: Repeal of Transportation Fi	of Section 512(a)(7) ringe		•	4,23	34.
Total included or	n Form 990-T, Page 2, Pa	rt V, line	50g	4,23	34.
Form 990-T	Deductions Connected wi	th Rental I	ncome	Statement	2
Description		Activity Number	Amount	Total	
Administration Facility Rent Facility Taxes Facility maintene Insurance Utilities Depreciation Interest	ance - SubTotal -	1	841. 5,244. 133. 1,799. 239. 1,989. 3,563. 2,562.	16,3	70.
Total to Form 990	O-T, Schedule C, Column	3		16,3	70.
Form 990-T	Schedule E - Other	Deductions		Statement	3
Description		Activity Number	Amount	Total	
Insurance Interest Wages & Benefits	a hmar 1		12. 283. 36.	-	2.1
<u> </u>	- SubTotal -				31.
Total of Form 990	O-T, Schedule E, Column	3(D)		3.	31.

Form 990-T			n Debt on or nanced Prope		Statement
Description			Activity Number	Amount	Total
Debt	-	- SubTotal -	- 1	6,605.	6,60
Total of Form 9	90-T, Schedule	E, Column	4		6,60

P	a	t	hp	o	int	
				-	~	

Form 990-T	Average Adjusted Allocable to Debt-Fi			Statement	
Description		Activity Number	Amount	Total	
Basis	- SubTotal -	1	16,500.	16,50	00.
Total of Form 99	0-T, Schedule E, Column	5		16,50	00.