2939331310015 NOTICE 2018-100 **Exempt Organization Business Income Tax Return** Form 990-T-(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Check box if Name of organization ( Check box if name changed and see instructions.) (Employees' trust, see address changed. 77-0485877 PACIFIC COMMUNITY VENTURES, INC. B Exempt under section Print E Unrelated business activity code (See instructions) X 501(c)(3 **0)3** Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) [ 220(e) 1700 BROADWAY, NO. 300 408A 7530(a) City or town, state or province, country, and ZIP or foreign postal code 7529(a) 900099 OAKLAND, CA 94612-2116 Book value of all assets at end of year F Group exemption number (See instructions.) 778,413. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here > SEE STATEMENT 1 . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X No I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ ROBYN MILLER Telephone number ► (415) 442-4300 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales c Balance b Less returns and allowances 10 Cost of goods sold (Schedule A, line 7) 2 2 3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 6 Rent income (Schedule C) 7 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 0. Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 Salaries and wages 15 15 RECEIVED 16 16 Repairs and maintenance RS-OSC 17 17 Bad debts NOV 08 2019 Interest (attach schedule) (see instructions) 18 18 19 19 Taxes and licenses OGDEN, UT 20 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 22b Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J)

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Unrelated business taxable income. Subtract line 31 from line 30 32 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

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0

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Part	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instru	uctions)	33	0.
34	Amounts paid for disallowed fringes		34	4,942.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	4,942.	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36		38	0.
Part I	V Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<b>&gt;</b>	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line	38 from:		
	Tax rate schedule or Schedule D (Form 1041)	<b>&gt;</b>	40	
41	Proxy tax. See instructions	<b>&gt;</b>	41	
42	Alternative minimum tax (trusts only)		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 \		·	<del>, , , , , , , , , , , , , , , , , , , </del>	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a		-	
b	Other credits (see instructions) 45b		-	
C	General business credit. Attach Form 3800 45c		-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	L	-{- <del></del>	
	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44	7 045	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	47	0.
48 49	Total tax. Add lines 46 and 47 (see instructions) 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	`	48	0.
	Payments: A 2017 overpayment credited to 2018	1	49	
	2018 estimated tax payments 50b		1	
	Tax deposited with Form 8868 50c	1,500.	1	
	Foreign organizations: Tax paid or withheld at source (see instructions)  50d		┤	
	Backup withholding (see instructions)  50e	<del> </del>	<b>i</b>	
	Credit for small employer health insurance premiums (attach Form 8941)		1	
a a	Other credits, adjustments, and payments: Form 2439		1	
	☐ Form 4136 ☐ Other ☐ Total ► 50g			
51	Total payments. Add lines 50a through 50g		51	1,500.
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	<b>&gt;</b>	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	_ ▶	54	1,500.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded <b>&gt;</b>	55	1,500.
Part V	I Statements Regarding Certain Activities and Other Information (se	e instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other	-		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have			
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign	country		الــــا
	here >			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	r 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 \$\bigs\\$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the best of my knowle	dge and belie	Lit is true.
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any	knowledge	-90 0110 70110	
Here	RUBUL QUAY   UIIA PRESIDENT &		•	cuss this return with
	Signature of officer Date Title		structions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date		f PTIN	
Deid	MICHAEL STEPHEN MICHAEL STEPHEN	self- employed		
Paid	COUNTERED COUNTERED 10/02		P00	210063
Prepa Use O	Tel	Firm's EIN ▶		4234542
USE U	10 ALMADEN BOULEVARD, SUITE 1000			
	Firm's address ► SAN JOSE, CA 95113-2238	Phone no. 4		1-6300 /
823711 01-	09-19		F	orm 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	r method of inve	ntory valuation N/A	Α.	<del></del>			_
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6_		
2 Purchases	2		7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I,					
3 Cost of labor	3							
4 a Additional section 263A costs						_ 7		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to				Yes	No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to			.
_5 Total. Add lines 1 through 4b	5		the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property I	Lease	d With Real Prop	erty)		
Description of property	<del></del>							
(1)	<del> </del>							
(2)								
(3)		<del>.</del>						
_(4)					······································			
	2. Rent receiv	ed or accrued						
(a) From personal property (if the personal property is moint for personal property is moint have but not more than 50%	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) a	connect nd 2(b) (a	ed with the income in itach schedule)	1
(1)	<del>:</del>		_ <del></del>					
(2)							-	
(3)								
_(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns		iter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated De	bt-Financed	Income (see	instructions)					
			Gross income from or allocable to debt-		Deductions directly con to debt-finance		erty	
1. Description of debt-f	inanced property		financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	S
_(1)								
(2)				<u> </u>				
(3)								
_(4)				ļ				
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deduction 6 x total of column 6 x total of column 3(a) and 3(b))	
_(1)			%					
_(2)			%	ļ				
(3)			%	<u> </u>				
(4)	<u> </u>	<del></del> .	%			+		
					nter here and on page 1, eart I, line 7, column (A)		nter here and on page Part I, line 7, column (l	
Totals			•		0	<u>.                                    </u>		0.
Total dividends-received deductions	ncluded in column	1 A	•			. T		0 -

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Schedule F - Interest,	Annuities	, Royal	ties, an	d Rents	From Co	ntrolle	d Organiza	tion	S (see in:	struction	
				Exempt	Controlled O	rganızatı	ons				
Name of controlled organizat	ion	identif	nployer ication nber		related income e instructions)		tal of specified ments made	inclu	rt of column 4 ded in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
(1)	f	_	<del></del>			·		_	·		
(2)				<del>                                     </del>				$\vdash$	•		
(3)				<b></b>				-	<del></del>	+	
(4)			·				<del></del>			-	
Nonexempt Controlled Organia	zations			·				ļ			
7. Taxable Income		related incor	ne (loss)	9 Total	of specified payr	nents	10 Part of colur	nn 9 tha	at is included	11 De	eductions directly connected
	(se	e instruction	s)	0.	made		10. Part of colur in the controlli gross	ng orga s incomi	nization's		h income in column 10
(1)							_				
(2)											
(3)											
(4)											
							Add colum Enter here and line 8, c	on pag	a 1, Part I,	li .	dd columns 6 and 11 nere and on page 1, Part I, line 8, column (8)
Totals						▶			0.		0.
Schedule G - Investme (see instr		e of a s	Section	501(c)(7	7), (9), or ( <sup>-</sup>	17) Org	janization				
<b>1</b> , Desc	ription of incom	e			2. Amount of	income	<ol> <li>Deduction directly connect (attach sched)</li> </ol>	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)						]					
(4)									<u> </u>		<u> </u>
					Enter here and o Part I, line 9, col						Enter here and on page 1 Part I, line 9, column (B)
Totals				<b></b>		0.					0.
Schedule I - Exploited I (see instru	-	Activity	Income	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Grounrelated businesses trade or bu	usiness from	directly o with pro of unr	penses onnected oduction elated s income	4. Net incom from unrelated business (col minus column gain, compute through	trade or lumn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business income	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				<del></del>							
(2)					-				<u> </u>		
(3)				<del></del>	<del> </del>						<del></del>
(4)	<del></del>										
(4	Enter here page 1, f line 10, ce	art I,		e and on , Part I, col (B)						-	Enter here and on page 1, Part II, line 26
Totals •		0.		0.							0.
Schedule J - Advertisin											
Part I Income From F	Periodica	ls Repo	orted or	a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 thi	l 2 minus in, compute	5. Circulati income	on	6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)							ļ				
Totals (carry to Part II, line (5))	<b>•</b>		<u> </u>	0							0.

Part II	Income From Periodicals Reported on a Separa	ate 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	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more
		income		cols 5 through 7			than column 4)
(1)		····································			<del></del>		<u> </u>
(2)							
(3)			· <u></u>				
(4)			<u> </u>				
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		<b>&gt;</b>	0.

Form 990-T (2018)

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FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELA	TED STATEMENT 1
•	BUSINESS ACTIVITY	

## 132F QUALIFIED TRANSPORTATION BENEFITS

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/04	39,550.	14,510.	25,040.	25,040.
12/31/06	58,680.	0.	58,680.	58,680.
12/31/07	52,176.	0.	52,176.	52,176.
12/31/08	1,214.	0.	1,214.	1,214.
12/31/09	7,725.	0.	7,725.	7,725.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	144,835.	144,835.