2939306519322 1

Form 990-T	Exempt Organization Business In		OMB No 1545-0687
	(and proxy tax under section 6		0040
	For calendar year 2018 or other tax year beginning OCT 1, 2018		<u> </u>
Department of the Treasury Internal Revenue Service	▶ Go to www.irs.gov/Form990T for instructions and th ▶ Do not enter SSN numbers on this form as it may be made public		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name changed and see ii	D Employer identification number (Employees' trust, see instructions)	
B Exempt under section	Print PACIFIC RETIREMENT SERVICES, I	INC.	93-1067253
X 501(c)(3	or Number, street, and room or suite no. If a P.O. box, see instructions		E Unrelated business activity code (See instructions.)
408(e) 220(e)	Ivpe 1 WEST MAIN STREET, NO. 303		(300 instructions)
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal co	ode]
529(a)	MEDFORD, OR 97501		900002
C Book value of all assets at end of year	F Group exemption number (See instructions.)		
63,845,8		501(c) trust 401(a) trust Other trust
	organization's unrelated trades or businesses. 1	Describe the only (or first) ur	
	SEE STATEMENT 1	If only one, complete Parts I-V	
	lank space at the end of the previous sentence, complete Parts I and II, comp	lete a Schedule M for each addition	al trade or
business, then complete			
• • •	the corporation a subsidiary in an affiliated group or a parent-subsidiary conf	trolled group?	Yeş X No
	Ind identifying number of the parent corporation. ► JOSH BLACKSON	Telephone number ▶ (541) 857-7205
) Income (B) Expense:	
1a Gross receipts or sale			(0),100
b Less returns and allow			
2 Cost of goods sold (S		-	
3 Gross profit. Subtract	,,		· · · · / · · · · · · · · · · · · · ·
4a Capital gain net incom			
	4797, Part II, line 17) (attach Form 4797)	:	• /
c Capital loss deduction			
•	partnership or an S corporation (attach statement) 5	1:-	1
6 Rent income (Schedu	, , , , , , , , , , , , , , , , , , , ,		
•	ed income (Schedule E) 7		
8 Interest, annuities, roy	valties, and rents from a controlled organization (Schedule F)	21,281	21,281.
9 Investment income of	a section 501(c)(7), (9), or (17) organization (Schedule G) 9		
10 Exploited exempt activ	vity income (Schedule I)		
11 Advertising income (S	Schedule J)		
12 Other income (See ins	structions, attach schedule) 12	· ř	
13 Total. Combine lines		21,281.	21,281.
	ns Not Taken Elsewhere (See instructions for limitations on		
(Except for d	contributions, deductions must be directly connected with the unrela	ated business income)	
•	icers, directors, and trustees (Schedule K)		14
15 Salaries and wages			15
16 Repairs and mainten	RECEIVED		16
17 Bad debts	/		17
•	ons (See instructions) AUG 1 7 2020 See instructions for limitation rules)		18 1,405.
19 Taxes and licenses	AUG 1 7 2020 9		
04 D	5	امدا	20
21 Depreciation (attach	aimed on Schedule A and elsewhere on retunGDEN, UT	21 22a	001
	aimed on schedule A and elsewhere on returno D L 1 1	[22 a]	22b
23 Depletion	new of componential plans		23
	erred compensation plans		24
25 Employee benefit pot 26 Excess exempt expe			25
/	(() 0		27
27 Excess readership co 28 Other deductions (at			28
<i></i>	dd lines 14 through 28		1,405.
/	avable income before net operating loss deduction. Subtract line 29 from line	13	30 19,876.
/	erating loss arising in tax years beginning on or after January 1, 2018 (see in		31 13,070.
/	axable income. Subtract line 31 from line 30	(32 19,876.
	or Panarwork Reduction Act Natice see instructions		Form 990-T (2018)

•	Mante 20 and .	٤.
orm 99	१ ^{-⊺ (2018)} PACIFIC RETIREMENT SERVICES, INC. 93-106 भा, Total Unrelated Business Taxable Income	57253 Page 2
33 34 35	Amounts paid for disallowed fringes Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	33 19,876. 34 35
37	Innes 33 and 34 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	
Par		18,876.
39 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)	3,964.
41 42 43	Alternative minimum tax (trusts only) Tax on Noncompliant Facility Income. See instructions	42 43 2 0 6 4
Par		3,964.
	a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827)	
46		45e 46 3,964.
47 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 3,964.
50	a Payments: A 2017 overpayment credited to 2018 b 2018 estimated tax payments c Tax deposited with Form 8868	

\		· Yuu	or distributed the day of the state of the s	1	"	
(ints paid for disallowed fringes Part \		3/4	
			ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
	36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		111	
		lines :	33 and 34		36	<u> 19,876.</u>
	37	Speci	fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	4	3 3	1,000.
	38	Unrel	ated 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	18,876.
\wedge \mathbb{P}	art I	ר ואַ	fax Computation		- 1	
1 J	39	Organ	uzations Taxable as Corporations. Multiply line 38 by 21% (0.21)	1	39	3,964.
•	40	Trust	s Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from	1	1-	
		$\overline{}$	Tax rate schedule or Schedule D (Form 1041)	•	1-10-1	
	41		, , , _ , ,		1 1	
		-	tax. See instructions lative minimum tax (trusts only)		12:1	
			n Noncompliant Facility Income. See instructions		1/2	
			Add lines 41, 42, and 43 to line 39 or 40, whichever applies	7	43	3,964.
ĪΦ	44∖ art V		Tax and Payments	- 1	1 44 1	3,304.
^ "					1 / 1 	
1			n tax credit (corporations attach Form 1118; trusts attach Form 1116)		⊣, }	
J			credits (see instructions)		վ՝	
			al business credit. Attach Form 3800		⊣	
	d	Credi	for prior year minimum tax (attach Form 8801 or 8827)		_ ,_	
	е	Total	credits Add lines 45a through 45d		45e	
	46	Subtr	act line 45e from line 44		46	3,964.
	47	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (atta	ch schedule)	47	
	48	Total	tax. Add lines 46 and 47 (see instructions)	4	48	3,964.
	49	2018	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
			ents: A 2017 overpayment credited to 2018	5		
		-		3,750	di 1	
			eposited with Form 8868	37730	4;	
			·	· · · · · · · · · · · · · · · · · · ·	⊣ <u>[</u>	
			· · · · · · · · · · · · · · · · · · ·		⊣" l	
			p withholding (see instructions) 5be		⊣ ~	
			for small employer health insurance premiums (attach Form 8941)		⊣ : l	
	9	Other	credits, adjustments, and payments: Form 2439		l'	
		Ш	Form 4136 Other Total ▶ <u>50g</u>		- -/-	
	51	Total	payments Add lines 50a through 50g		51	3,750.
	52	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		52	
	53	Tax d	ue If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	9 >	5,3	214.
	54	Øverp	ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	`` ▶	5/4	
	55	Enter	the amount of line 54 you want' Credited to 2019 estimated tax	ded 🕨	55	
,P	árt V	11 5	Statements Regarding Certain Activities and Other Information (see instruction			
	56	At any	r time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
			financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			1 2 2
			N Form 114, Report of Foreign Bank and the agenta Accounts. If "Yes," enter the name of the foreign country			1. 1
		here				_ X
			g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trunt?		$-\frac{x}{x}$
			s," see instructions for other forms the organization may have to file	וו נו נו טגני		A
			the amount of tax-exempt interest received of accrued during the tax year			
_	30		der penalties of erjury, I declars that have examined this return, including accompanying schedules and statements, and to the bes	t of my knowle	adde and boliof it	
Sig	an	COI	rect, and complete Declaration of predator (other than taxpayer) is based on all information of which preparer has any knowledge	t of my known	auge and belief, it	5 0 00,
He		\perp	8.13.20 PRESIDENT/CEO		May the IRS discus	s this return with
					he preparer shown	
			Signature of officer Date Title			Yes No
			Print/Type preparer's name Preparer's signature Date Chi	eck	if PTIN	
P	aid			f- employed		
Pi	repa	rer	KURT BENNION, CPA KURT BENNION, CPA 08/11/20			69618
	se O			rm's EIN 🕨	41-0	746749
_			10700 NORTHUP WAY, SUITE 200			
			Firm's address ► BELLEVUE, WA 98004	none no. 4	<u> 125-250</u>	-6100

		Form 4136	Other	Total	▶ 50g			ŀ	1 1			
51	Total	payments Add lines 50a through 50g		_					5		3,7	50.
52	Estim	nated tax penalty (see instructions). Ch	ieck if Form 2220 is attached 🕨 🗌				_		52			
53	Tax d	iue If line 51 is less than the total of li	ines 48, 49, and 52, enter amount ov	ved			9	▶ [53		2	14.
54	Over	payment. If line 51 is larger than the t	otal of lines 48, 49, and 52, enter am	ount overpai	d		,	▶ [5/4			
55		the amount of line 54 you want. Cred	ited to 2019 estimated tax			Ref	unded	▶	55			
Part \	VÎ' Ş	Statements Regarding Ce	rtain Activities and Othe	r Informa	ation (se	e instruc	tions)					
56	At an	y time during the 2018 calendar year,	did the organization have an interest	ıń or ā sıgna	ture or other	authority					Yes	No
	over	a financial account (bank, securities, o	rother) in a foreign country? If "Yes,	, " the organiza	ation may ha	ave to file						
		N Form 114, Report of Faveign Bank										
	here	▶ <i></i>										X
57	Durin	ng the tax year, did the organization rec	eive a distribution from, or was it th	e grantor of,	or transferor	r to, a fore	eign trust?	,				Х
	If "Ye	s," see instructions for other forms the	e organization may have to file	-								
58	Enter	the amount of tax-exempt interest rec	ewed or accrued during the tax year	▶ \$. '								
			·								A	
٥.	Ur	nder penalties of perjury. I declare that I have e	examined this return, including accompanying their then tax payer) is based on all informat	ng schedules an	nd statements,	knowledge	Destormy K	nowied	ge and b	elief, it is	true,	
Sign	CO	nder penalties of perjury, I declare that I have o prect, and copyriete Declaration of pressurer (A				Jest of my k	_				with
Sign Here	Ur co	11 DIM	A				oest of my k	Ma	y the IRS	discuss	this return	with
_	Ur co	orrect, and complete Declaration of pressure of	by affined this return, including accompanying the state of the state				oest of my k	Ma; the	y the IRS preparer	discuss	this return o	with No
_	Ur co	11 DIM	A			CEO	Check	Ma; the	y the IRS preparer	discuss shown b	this return o	_
_	Ur co	Signature of officer	Date Preparer's signature	PRESI	DENT/O	CEO		Mar the inst	y the IRS preparer ructions	discuss shown b	this return o	_
Here ———————————————————————————————————	•	Signature of officer Print/Type preparer's name KURT BENNION, CPA	Date Preparer's signature KURT BENNION	PRESI	DENT/O	CEO	Check	Mar the inst	y the IRS preparer ructions PTIM	discuss shown b	this return o	No
Paid Prepa	arer	Signature of officer Print/Type preparer's name	Date Preparer's signature KURT BENNION	PRESI	DENT/O	CEO	Check	May the inst	preparer ructions PTIN	discuss shown to X	this return velow (see	No.
Here ———————————————————————————————————	arer	Signature of officer Print/Type preparer's name KURT BENNION, CPA Firm's name CLIFTONLA	Date Preparer's signature KURT BENNION	PRESI Title	DENT/O	CEO	Check _ self- empl	May the inst	preparer ructions PTIN	discuss shown to X	this return velow (see Yes 9618	No.
Paid Prepa	arer	Signature of officer Print/Type preparer's name KURT BENNION, CPA Firm's name CLIFTONLA	Date Preparer's signature KURT BENNION ARSONALLEN LLP NORTHUP WAY, SUIT	PRESI Title	DENT/O	CEO	Check _ self- empl	Maithe inst	p the IRS preparer ructions PTIN	discuss shown by X	this return (see Yes 74674	N₀ 9
Paid Prepa	arer Only	Signature of officer Print/Type preparer's name KURT BENNION, CPA Firm's name CLIFTONLA 10700 N	Date Preparer's signature KURT BENNION ARSONALLEN LLP NORTHUP WAY, SUIT	PRESI Title	DENT/O	CEO	Check self- empl	Maithe inst	p the IRS preparer ructions PTIN	discuss shown to provide the state of the st	this return (see Yes 74674	No.
Paid Prepa Use C	arer Only	Signature of officer Print/Type preparer's name KURT BENNION, CPA Firm's name ► CLIFTONLA 10700 N Firm's address ► BELLEVU	Date Preparer's signature KURT BENNION ARSONALLEN LLP WORTHUP WAY, SUIT JE, WA 98004 51	PRESI Title , CPA	DENT/O	/20	Check	Mai the inst	y the IRS preparer ructions PTIN P(4:	0146 1-07 250-	this return the low (see Yes 9618 4674 6100 990-T	9 (2018)
Paid Prepa Use C	arer Only	Signature of officer Print/Type preparer's name KURT BENNION, CPA Firm's name CLIFTONLA 10700 N	Date Preparer's signature KURT BENNION ARSONALLEN LLP WORTHUP WAY, SUIT JE, WA 98004 51	PRESI Title	DENT/O	/20	Check	Mai the inst	y the IRS preparer ructions PTIN P(4:	0146 1-07 250-	this return the low (see Yes 9618 4674 6100 990-T	9 (2018)

Schedule A - Cost of Goods	Sold. Enter	method of invent	tory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold S	ubtract l	line 6	
3 Cost of labor	3		from line 5. Enter here		1	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		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?	•	,,	
Schedule C - Rent Income (From Real I	Property and	Personal Property L	_ease	d With Real Prope	rty)
(see instructions)		 	 -			· · · · · · · · · · · · · · · · · · ·
Description of property						
(1)		ı				
(2)		·				
(3)	 					
(4)					,	
		ed or accrued		•	2(a) Deductions directly of	onnected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ige	columns 2(a) and	2(b) (attach schedule)
(1)						
(2)						
(3)					·	
(4)						
Total	0.	Total	·	0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter 🕨		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb		Income (see	instructions)			
			2 Gross income from		3. Deductions directly conne- to debt-financed	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
/4\			<u> </u>	 		
(1)	<u> </u>			 		******
(2)						
(3)					· · · · · · · · · · · · · · · · · · ·	<u> </u>
(4)				 		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-final	adjusted basis Ilocable to nced property i schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			en e e e e e
(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			•		0.	0.
Total dividends-received deductions in	cluded in column	8	,			0.
						Form 990-T (2018)

(1) PRS MANAGEMENT (2) INC . 93-1328250	Schedule F - Interest,	Annuities, Roya	lties, and	Rents	From Co	ntrolle	d Organiza	tions	(see ins	truction	s)
Common C				Exempt 0	Controlled O	rganizatio	ons				·
Part	1. Name of controlled organize	ıdentı	fication	3. Net unre (loss) (see	elated income instructions)			include	ed in the contr	olling	6. Deductions directly connected with income in column 5
Part	(1) PRS MANAGEMEN	<u>ντ</u>								-+	
(3) (4) (5) (6) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8			28250					\vdash			
Annexempt Controlled Organizations State Note and productions State						··		-		-+	
Nonexempt Controlled Organizations S. Nat invalidated receives (pose) (pace instructions) S. Nat invalidated property (pose in controlled organization (pace in the controlled property (pace in the pace in the pac											
1. Description of Income 1. Description of Income 2. Amount of income 2. Amount of income 3. Description of opening of parts of the part of the part of the parts of		nizations		L							
21, 281. 21, 281. 21, 281.		8. Net unrelated inco		9. Total o		nents	in the controlli	ing organ	ızatıon's		
21, 281. 21, 281. 21, 281. 31, 281. 32, 281. 33, 281. 34, 281.	(1)										
(3) (4) Add column 5 and 10 Enter five and on page 1, Part I, line 8, column (8) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Deductions crecity connected (stach schedule) (stach schedule) (stach schedule) (stach schedule) (stach schedule) (stach sc					21,	281.		21	.281.		
Add columns 5 and 10 Enter here and on page 1, Part 1, Ince 8, column (8) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization 1, Description of income 2, Amount of income 2, Amount of income 2, Amount of income 2, Amount of income 3, Delationer derells connected (attach schedule) (attach schedule) (attach schedule) (attach schedule) (attach schedule) (b) Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2, Cross uncome freed with production from the pr		T			·	İ			·	-	
Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Description of income 3. Description of income 4. Selected Spilus collision (cell 3 plus collisions) 1. Description of income 3. Description of income 4. Selected Spilus collisions (see instructions) 1. Description of income 3. Description of income 4. Selected Spilus collisions (see instructions) 1. Description of income 3. Description of income (see instructions) 1. Description of income in						i					-
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (attach schedule) (settle schedule) (settle schedule) (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross undested business income from exploited activity income for income form the substances income from the substances income from page 1, part 1, line 9, column 3) if a gain, compute oils 3 (income) of unrelated business income from page 1, part 1, line 10, col (8) (1) (2) (3) (4) 4. Net income (loss) for one citivity that an unrelated trade or business science income from purpose the set of the substances income income from page 1, part 1, line 10, col (8) (1) (1) (2) (3) (4) (5) Enter here and on page 1, part 1, line 10, col (8) (6) (7) Enter here and on page 1, part 1, line 10, col (8) (8) (9) (1) (1) (2) (3) (4) Enter here and on page 1, part 1, line 10, col (8) (4) Enter here and on page 1, part 1, line 10, col (8) (6) (7) Enter here and on page 1, part 1, line 10, col (8) (8) (9) (1) (1) (2) (3) (4) Enter here and on page 1, part 1, line 10, col (8) (4) Enter here and on page 1, part 1, line 10, col (8) (6) (7) Enter here and on page 1, part 1, line 10, col (8) (7) Enter here and on page 1, part 1, line 10, col (8) (8) Enter here and on page 1, part 1, line 10, col (8) (9) Enter here and on page 1, part 1, line 10, col (8) (1) Enter here and on page 1, part 1, line 10, col (8) (1) Enter here and on page 1, part 1, line 10, col (8) Enter here and on page 1, part 1, line 10, col (8) Enter here and on page 1, part 1, line 10, col (8) Enter here and on page 1, part 1, line 10, col (8) Enter here and on page 1, part 1, line 10, col (8) Enter here and on page 1, part 1, line 10, col (8) Enter here and on page 1, part 1, line 10, col (8) Enter here and on pa		. uz	•				Enter here and	l on page column (A	1, Part I, N)		ere and on page 1, Part I, line 8, cotumn (B)
(see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions drestly connected (attach schedule) (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, Inne 9, column (a supported activity) (see instructions) 3. Expenses drectly connected with production business income from grade or business income from grade grad		and Inc	0-4'	F041.15	\ (0\	<u> </u>		21	,281.		0.
1, Description of income 2. Amount of income 3. Deductions directly connected (attach schedule) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (a) surrelated business urede or business urede or business urede or business income 1. Description of explicited activity urede or business urede or business urede or business income (2) (3) 4. Net income (loss) from urrelated trade or business income from activity that urede or business income business income from activity that useness income (3) (4) 5. Total deduction and selevated (cold 3 plus cold in page 1, part I, line 9, column (a) Part I, line 9, column (a) Part I, line 9, column (b) Part I,			Section	501(c)(7), (9), or (17) Org	anization				
(2) (3) (4) Enter here and on page 1, Part I, Inne 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity urrelated business income from trade or business where the description of exploited activity urrelated business income from trade or business income from activity that and urrelated activity that and urrelated activity that and urrelated business income from activity that and urrelated busine					2. Amount of	ıncome	directly conne	cted	4. Set-	asides chedule)	5 Total deductions and set-asides
(2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross urrelated business income from urrelated business income from urrelated dusiness income from urrelated business income from urrelated business income from urrelated business income from urrelated business income from urrelated trade or business (column 2 gain, compute cols: 5 through 7 (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (Dash) from urrelated trade or business (column 2 gain, compute cols: 5 through 7 Enter here and on page 1, Part I, line 10, col (B) line 10, col (B) line 10, col (B) Totals 1. Name of parcidical 2. Gross advertising gain or (loss) for urrelated business income from underlated business income from underlated business income from underlated business income from unrelated business income from activity busine	<u>/1)</u>						(attach sched	uie)			(coi 3 pius coi 4)
(3) (4) Enter here and on page 1, Part 1, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross unrealisted trade or business income business income business income business income 3. Expenses of the from activity that is not unrelated business income business income business income activity that is not unrelated business income business income business income business income business income business income activity that is not unrelated business income business inco											
Enter here and on page 1, Part I, line 9, column (A)											
Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity Income from trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated abusiness income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated activity that is not unrelated activity that is not unrelated trade or business income from activity that is not unrelated activit											
Part I, line 9, column (A) Part I, line 9, column (A)	<u> </u>				Enter here and	on page 1,					Enter here and on page 1
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross urrelated business income from exploited activity 1. Description of exploited activity 2. Gross urrelated business income from trade or business income from trade or business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals D. Cross advertising 2. Gross advertising 3. Expenses directly connected with production of urrelated business income 4. Net income (loss) from urrelated trade or business income from activity that is not urrelated							1				Part I, line 9, column (8)
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross urrelated business income from exploited activity 1. Description of exploited activity 2. Gross urrelated business income from trade or business income from trade or business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals D. Cross advertising 2. Gross advertising 3. Expenses directly connected with production of urrelated business income 4. Net income (loss) from urrelated trade or business income from activity that is not urrelated	Totale					ا ۱	•		,		0.
(See instructions) 2. Gross unrelated business income from trade or business income frade or business income from trade or business income from activity that is not unrelated business foothers. 7. Excess readersh costs (column form or (loss) (col 2 minus column form) from activity that is not unrelated business income from activity that is not unrelated business from activity that is not unrelated business foothers activity that is not unrelated business from activity that is not unrelated business foothers activity		I Exempt Activity	/ Income	Other	Than Adv		a Income				<u> </u>
1. Description of exploited activity hat is not urrelated business income b		•		,			9 1110011110				
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising uncome (see instructions) 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs (col 2 minus col 3) If a gain compute costs (column 6 min column 5, but not mincome costs).	1. Description of	2. Gross unrelated business income from	directly c with pro of unr	onnected duction elated	from unrelated business (co minus colum gain, compute	I trade or lumn 2 n 3) If a e cols 5	from activity t is not unrelat	that led	attribut	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising uncome advertising gain advertising gain conjunts (loss) (col 2 minus col 3) If a gain compute costs (column 6 min column 5, but not m column 6 min column 6 min column 5, but not m column 5, but not m column 6 min c	(1)	'									<u> </u>
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. Conscient Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising advertising advertising solutions advertising solutions (loss) (col 2 minus column 5, but not m column 6. Readership column 5, but not m column 6 m co							·				
Enter here and on page 1, Part I, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Part II, line 26 1. Name of periodical 2. Gross advertising income (see instructions) 1. Name of periodical 2. Gross advertising uncome (see instructions) 3. Direct advertising gain or (loss) (col 2 minus of (see) (col 2 minus of (see)			1			İ		1			1
Enter here and on page 1, Part I, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Part II Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising income (see instructions) 1. Name of periodical 2. Gross advertising under this ingular advertising soles advertising costs advertising costs advertising costs (col 3) If a gain compute costs			1	_							
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising advertising advertising costs advertising costs (col 2 minus col 3) If a gain compute costs (column 6 mincome costs (column 6 mincome costs)		page 1, Part I, line 10, col (A)	page 1	, Part I, col (B)		•					Part II, line 26
Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising advertising advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs and consolidated Basis 7. Excess readership costs (column 6 min column 5, but not min column 5, but not min column 5, but not min column 5, but not min column 6.			Instruction								0.
1. Name of periodical 2. Gross advertising osts advertising costs advertising costs 3. Direct or (loss) (col 2 minus of periodical costs octon) 3. Direct or (loss) (col 2 minus or periodical costs octon) 4. Circulation octon 6. Readership costs (column 6 minus octon) 6. Readership costs octon 6. Readership coc					olidated	Basis					
	1. Name of periodical	advertising			or (loss) (co	ol 2 minus sin compute					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 . Form 990-T (2	Totals (carry to Part II, line (5))	<u> </u>	0.	0	•	·-					0 . Form 990-T (2018

Form 990-T (2018) PACIFIC RETIREMENT SERVICES, INC. 93-10672
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.	ļ. '			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 DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT 1

PASSIVE INCOME FROM CONTROLLED ENTITIES

TO FORM 990-T, PAGE 1