1

| | | | | | | | 2939327 | 700536 | (|) () 2. | |
|--------------------|----------|--|--|---|---------------------------|------------|--------------------------|-------------------------|--|--|--|
| | | • | AMENDED RETURN - SECTION 512(A)(7) REPEAL | | | | | | | | |
| _ | Form | 990-T | T Exempt Organization Business Income Tax Return | | | | | | | OMB No 1545-0687 | |
| | - | (and proxy tax under section 6033(e)) | | | | | | | | 0040 | |
| | | | For calendar year 2018 or other tax year beginning SEP 1, 2018 and ending AUG 31, 2019 | | | | | | | 2018 | |
| | | ment of the Treasury | ► Go to www irs.gov/Form990T for instructions and the latest information. 1908 Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) | | | | | | | 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 instructions.) | | | | | | D Employer identification number (Employees' trust, see instructions) | | |
| | B Ev | kempt under section | Print | STAND FOR CHILDREN LEADERSHIP CENTER, INC. | | | | | | 52-1957214 | |
| | |] 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) | Туре | | 2121 SW BROADWAY, NO. 111 | | | | | | |
| | | | | City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97201 | | | | | | | |
| | C Boo | ok value of all assets and of year | | F Group exemption number (See instructions.) ► G Check organization type ► X 501(c) corporation 501(c) trust 401(a) to | | | | | | Other trust | |
| | H Ent | ter the number of the o | ากลกเรล | tion's unrelated trades or b | | JUI ALIUI | | the only (or first) un | | | |
| | | de or business here | | than one, | | | | | | | |
| | | | | ace at the end of the previou | is contence, complete Pa | rts I an | | | | | |
| | | siness, then complete I | | | | | , . | | | | |
| | | | | poration a subsidiary in an a | | nt-subs | idiary controlled group? | . · Þ[| Yr | os No | |
| | | | | tifying number of the paren | | | 7.1 | | 900 | \ 662 4022 | |
| | Pa | | | MARCELLA L. I de or Business Inc | | | (A) Income | one number (B) Expenses | 800 |) 663-4032 (C) Net | |
| | | Gross receipts or sale | | de of Business inc | <u> </u> | | (A) Income | (b) Expenses | • | 1 | |
| | | Less returns and allow | | | c Balance | 1c | | _ | | } | |
| | _ | Cost of goods sold (S | | A. line 7) | , | 2 | | | | 1 | |
| | | , | ubtract line 2 from line 1c | | | | | | | | |
| | 4 a | Capital gain net incom | in net income (attach Schedule D) | | | | | | | | |
| | | | Form 4797, Part II, line 17) (attach Form 4797) | | | | | | | | |
| | C | Capital loss deduction | | | | | | | | | |
| 瑟 | 5 | Income (loss) from a | partners | partnership or an S corporation (attach statement) | | | | | | · · · | |
| ? 🍱 | | - | | | | 7 | | | | | |
| - 3 | | | -financed income (Schedule E) | | | | | | | | |
| ₹ | | | | nd rents from a controlled organization (Schedule F) in 501(c)(7), (9), or (17) organization (Schedule G) | | | | | | | |
| Ī | | Exploited exempt activ | | | ganization (Schedule d) | 9 10 | | | | | |
| | | Advertising income (S | - | | | 11 | | | _ | | |
| SEP | | Other income (See ins | | • | 12 | c c | | | | | |
| | | Total. Combine lines | | | 13 | 0. | | | | | |
| 29 | Pa | rt II Deductio | | | | | | | | | |
| D 207 | | (Except for o | ontribi | utions, deductions must | be directly connected | with 1 | the unrelated business | income) | ı — | | |
| 4 | 14 | | cers, di | rectors, and trustees (Sche | dule K) | | ļ | | 14 | | |
| | 15 | Salaries and wages | | | | RECEIVED 1 | | | | | |
| | 16 | Repairs and mainten | апсе | | | | | | | | |
| | 17 18 | Bad debts | dulo) (c | an instructions) | | | S JUL 1 | | | | |
| | 19 | Taxes and licenses | edule) (see instructions) tions (See instructions for limitation rules) | | | | اما مود ، | 18 19 | | | |
| 2020 | 20 | | | | | | OCD | WS-050 2 20 2 4 1 | 20 | | |
| SCANNED NOV 1 6 20 | 21 | Depreciation (attach | • | | | | 21 | EN, UT | , <u>-</u> | | |
| | 22 | | tion claimed on Schedule A and elsewhere on return | | | | 22a | 22b | | | |
| | 23 | Depletion | | | | | | | 23 | | |
| | 24 | Contributions to defe | rred co | mpensation plans | | | | | | | |
| | 25 | Employee benefit pro | yee benefit programs | | | | | 25 | | | |
| | 26 | Excess exempt expenses (Schedule I) | | | | | | | | | |
| | 27 | | Excess readership costs (Schedule J) Other deductions (attach schedule) | | | | | 27 | | | |
| Z | 28 | · | | | | | | | | 0. | |
| Ö | 29 | | tions. Add lines 14 through 28 | | | | | | 29 | 0. | |
| S | 30 | 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) | | | | | | 30 | 1 | | |
| | 31 32 | ·- | - | neome. Subtract line 31 fro | | ıy ı, 20 | 7 10 (366 HISH UUHUHS) | | 32 | 0. | |

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-T (2018) LEADERSHIP CENTER, INC.

| _ | 2 | 1 | a | E | 7 | 2 | 1 | 1 |
|---|---|-----|---|---|---|---|---|---|
| | 4 | - 1 | y | 2 | 1 | 4 | 1 | 4 |

| Page | 2 |
|------|---|

| Part I | Total Unrelated Business Taxable Income | | | |
|--------------|--|-------------------|--|--|
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 33 | 0. | |
| 34 | Amounts paid for disallowed fringes | 34 | | |
| 35 | Deduction 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 | | | |
| | 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, | | | |
| 00 | enter the smaller of zero or line 36 | 38 | 0. | |
| Part I | | 1 00 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 on line 38 from: | | | |
| 70 | Tax rate schedule or Schedule D (Form 1041) | 40 | | |
| 41 | Proxy tax. See instructions | 41 | | |
| 41 | | 42 | | |
| 42 | Alternative minimum tax (trusts only) Tax on Noncompliant Facility Income See instructions | 43 | | |
| 43 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 44 | 0. | |
| Part V | | 44 | <u></u> | |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a | | | |
| | Other credits (see instructions) 45b | 1 | | |
| | · · · · · · · · · · · · · · · · · · · | 1 | | |
| C | | 1 | | |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) Tatal and the Add lines 456 through 45d | 450 | | |
| | Total credits. Add lines 45a through 45d Subtract line 45e from line 44 | 45e | 0. | |
| 46 | | 46 | <u>U.</u> | |
| 47 | | 47 | 0. | |
| 48 | Total tax Add lines 46 and 47 (see instructions) | 48 | 0. | |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 49 | | |
| | Payments: A 2017 overpayment credited to 2018 2018 estimated tax payments 516 2,680. | 1 | | |
| | | ł | | |
| | Tax deposited with Form 8868 | 1 | | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) 50d | 1 | | |
| | Backup withholding (see instructions) 50e | { | | |
| | Credit for small employer health insurance premiums (attach Form 8941) | 1 | | |
| 9 | Other credits, adjustments, and payments: Form 2439 | i | | |
| | Form 4136 Other Total ▶ 50g | | 2 600 | |
| 51 | Total payments. Add lines 50a through 50g | 51 | 2,680. | |
| 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 | 53 554 | 2,680. | |
| 54 55 | | | 2,680. | |
| 55 Part V | Enter the amount of line 54 you want: Credited to 2019 estimated tax | 655 | 2,000. | |
| | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority | | Yes No | |
| 56 | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | 162 140 | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | | |
| | here | | | |
| 67 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | | |
| 57 | 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 statements, and to the best of my knowled | dge and belief | , it is true. | |
| Sign | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF EXECUTIVE | | | |
| Here | 17/1/00 A A ORRIGER | - | y the IRS discuss this return with preparer shown below (see | |
| | | structions)? | X Yes No | |
| | Print/Type preparer's name Preparer's signature Date Check | | | |
| Б | Self- employed | ` ' '' ' | | |
| Paid | $ a_{\text{ANG}} = 100$ | Pnn | 540880 | |
| Prepa | rer Simo Imm | | 0900579 | |
| Use C | 520 SW YAMHILL, STE 500 | | | |
| | · | 503) | 227-0581 | |
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