	. •	
٠.	16	Repairs and mainte
	17	Bad debts
€.	18	Interest (attach sch
•	19	Taxes and licenses
11	20	Charitable contribut
=	21	Depreciation (attacl
£	22	Less depreciation of
	23	Depletion
<b>%</b> (	24	Contributions to de
<u>بۇ</u>	25	Employee benefit pi
Š	26	Excess exempt expe
£ 5	27	Excess readership of
	28	Other deductions (a
	29	Total deductions A
	30	Unrelated business
	24	Dadwatian for not a

	,		AMENDED RE	TURN -	SEC	TION 512(	a) (/)	KEPEAL	$\mathcal{N}$	フノ	•	
Form	990-T	Ех	empt Organ						'n l	OMB No	1545-0687	
r cejiii-		(and proxy tax under section 6033(e))							1 8	18 0040		
•	_	For calendar year 2018 or other tax year beginning 01/01, 2018, and ending 12/31, 20 18									<i>y</i> 10	
-	nent of the Treasury Revenue Service	► Go to www irs gov/Form990T for instructions and the latest information. ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)								Open to Pul	blic Inspection for rganizations Only	
A	Check box if										ation number	
· · · · · · · · · · · · · · · · · · ·	address changed		,	. Ш		• • • • • • • • • • • • • • • • • • •	,		(Emplo	yees' trust, see	instructions)	
B Exer	mpt under section		STAND TOGET	HER, INC								
	501(C)(3)	Print	Number, street, and ro			box, see instructions	<u> </u>		27-3	197768		
- ⊢1`	408(e) 220(e)	_ or				,					s activity code	
	408A 530(a)	י א איי	1320 N COUR	THOUSE R	D		2	220	(See in	structions )		
-	529(a)		City or town, state or	province, countr	y, and Z	IP or foreign postal or	ode					
	k value of all assets		ARLINGTON,	VA 22201								
at er	nd of year	F Gro	up exemption numbe	r (See instruct	ions)	<b>&gt;</b>						
2	2,411,820.	G Che	ck organization type	X 501	(c) co	rporation	501(c) tru	ıst	401(a)	trust	Other trust	
H En	ter the number of		nization's unrelated tra				<u> </u>	<del></del>	<del></del>	(or first) uni	related	
	de or business her	-					nly one, con	 nplete Parts I-	-V If more	e than one, o	describe the	
firs	it in the blank spa	ce at the	end of the previous	sentence, cor	mplete	Parts I and II, com	plete a Sche	dule M for eac	ch addition	nal		
tra	de or business, the	en comple	ete Parts III-V		·		•					
l Du	ring the tax year.	was the	corporation a subsidi	ary in an affile	ated g	roup or a parent-su	bsidiary cont	rolled group?		▶ 🗀	Yes X No	
If "	Yes," enter the na	ame and	identifying number of	the parent co	rporation	on <b>&gt;</b>						
J The	e books are in care	of ▶SU	SAN MOTIFF			1	Telephone n	umber ▶ 57	1-290-	-6811		
Part	Unrelated	Trade o	or Business Inco	me		(A) Income	e	(B) Expen	ses	(	C) Net	
1a	Gross receipts or s	sales						,				
b	Less returns and allowa	nces	•	c Balance	1 c							
2	Cost of goods sol	d (Schedi	ule A, line 7)		2							
3	Gross profit Sub	tract line	2 from line 1c		3							
4a	Capital gain net ii	ncome (a	ttach Schedule D	<b>~</b>	4a							
b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach f	om 4797)	4b					_		
С	Capital loss dedu	ction for t	rusts	(	4c							
5	Income (loss) from a p	artnership or	an S corporation (attach sta	tement)	5							
6	Rent income (Sch	edule C)			6							
7	Unrelated debt-fir	nanced in	come (Schedule E)		7							
8	Interest annuities, roya	ilties, and re	nts from a controlled organiz	ation (Schedule F)	8							
9	investment income of a	section 50	I(c)(7), (9), or (17) organiza	tion (Schedule G)	9					<del> </del>		
		-	ncome (Schedule I)		10							
	_		ule J)		11					<del> </del>		
	•		tions, attach schedule		12		0.					
	Total. Combine lin	nes 3 thro	ough 12 Taken Elsewhere	· · · · · · · · · · · · · · · · · · ·	13	no for limitation		uotiono \ /E	Event f	or contrib	utions	
Part				•					except in	OI CONTID	utions,	
			be directly conn			RECEIV		nang.	144	1		
14	Compensation of	officers,	directors, and trustees	(Schedule K)			, L., (, ),	J	14	<del> </del>		
15	Salaries and wage				. [2]		1020 - 100	2				
16 17	Repairs and main	tenance .	<i>.</i>		· [3]	· · AFR · <b>2</b> · <b>0</b> · 2	020 : 10		17	·		
18	Interest (attach s	chedule) (	see instructions)		.lr		18	1	18	<del>                                     </del>		
19	Taves and licenses	onedule) (	see manuchons),		1 .	OGDĖN	IIT	1	19	<u> </u>		
20	Charitable contrib	utions (9	ee instructions for lin	nitation rules)	-			]				
			4562)			ı	1					
			on Schedule A and e				1			1		
	•									i	-	
			compensation plans									
			Schedule I).									
			chedule J)									
			chedule)									
		•	s 14 through 28									
			le income before n									
			g loss arising in tax y								1	
			e income Subtract lin	_		-						
			otice, see instruction							Form	n <b>990-T</b> (2018)	

STAND TOGETHER, INC.

Form	990-T <sup>1</sup> (2018)		Page 2
Par	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
••	instructions)	33	
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	33.	
30	of lines 33 and 34	36	
27			1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
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	20	0.
		38	
	t IV Tax Computation	Tag	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	1	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)		
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·		
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	<del></del>
Par	t V Tax and Payments	,	
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	]	
b	Other credits (see instructions)	]	
С	General business credit Attach Form 3800 (see instructions)	<u> </u>	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47	
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		
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions)	1	
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
	Other credits, adjustments, and payments Form 2439 ATCH 1		
9	Form 4136 X Other -2,330. Total ▶ 50g -2,330.		
51	Total payments. Add lines 50a through 50g	1 51	4,670.
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	54	4,670.
55	Enter the amount of line 54 you want   Credited to 2019 estimated tax   Refunded	55	4,670.
Par			<del></del>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	1	
	here	,0,0,9,	x
			<u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gii iiustr	<del></del>
E 0	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 penury, I declare that I have examined this return including accompanying schedules and statements, and to the b	est of my knowledge a	and belief, it is
C:	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	,	
Sigr	14/1/11/11	y the IRS discuss	
Her	·	h the preparer sho e instructions)? X Ye:	
		T T	s No
Paid	Print/Type preparer's name  Preparer's signature.  Preparer's signature.	K	00004
Prep	PICHAEL O ENGLE	mployed P0048	
	Firm's name P DRD/ DB1	EIN ► 44-0160	
	Firm's address ► 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phone	eno 816-221-6	
		Form 99	<b>0-T</b> (2018)

%

% %

%

Enter here and on page 1, Part I, line 7, column (A)

Form 990-T (2018)

Enter here and on page 1, Part I, line 7, column (B)

(1) (2)

(3)

(4)

property (attach schedule)

Total dividends-received deductions included in column 8

(attach schedule)

Schedule F-Interest, Annu			pt Controlled C						-	
Name of controlled organization	2 Employer identification number	61	et unrelated income s) (see instructions)	T .	of specifients made	I Included in the controllin		olling	connected with income	
(1)					_		_			
(2)										
(3)										
(4)		L		1				<del></del>		
Nonexempt Controlled Organiz			· · · · · · · · · · · · · · · · · · ·		10.0	and of column	O that is	4.	1 Deductions directly	
7 Taxable Income	8 Net unrelated in (loss) (see instruct	<b>I</b>	9 Total of spec payments ma				nected with income in column 10			
(1)										
(2)	··· -			,						
(3)					ļ					
(4)			<del>.</del>		0.4	d columns 5 a	and 10		dd columns 6 and 11	
Totals	come of a Sec	 tion 501(d	c)(7), (9), or (1		Par		mn (A)		ler here and on page 1, int I, line 8, column (B)	
1. Description of income	2 Amount of	income	directly of (attach s	onnected	4 Set-asides (attach schedule)			5 Total deductions and set-asides (col 3 plus col 4)		
(1)						-		-		
(2)			<del> </del>		-			_		
(3) (4)			<del> </del>					$-\!+$		
Totals ▶ Schedule I – Exploited Exe	Enter here and of Part I, line 9, co	olumn (A)	er Than Adver	tising Ir	ncome	(see instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business ind	with of d lf a gain,	ome (loss) ated trade s (column olumn 3) compute	5 Gr from a	oss income activity that t unrelated ess income	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									-	
(2)	·									
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	rt I,				Enter here and on page 1, Part II, line 26			
Totals ▶ Schedule J- Advertising In	ı <b>come</b> (see ınstrı	ictions)					-		_1	
Part I Income From Peri			onsolidated Ba	sis						
1 Name of periodical	2 Gross advertising income	3 Directions of advertising of	4 Adve	ertising oss) (col col 3) If ompute	5 Circulation 6 Readership income costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)			
(1)										
(2)		···							┪.	
(3)									7	
(4)	<del> </del>								<u> </u>	
Totals (carry to Part II, line (5))		-							Form <b>990-T</b> (2018	

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 ) 7 Excess readership 4 Advertising 2 Gross gain or (loss) (col costs (column 6 3 Direct 5 Circulation 6 Readership 1 Name of periodical advertising 2 minus col 3) If minus column 5, but advertising costs ıncome costs a gain, compute not more than ıncome cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) . . . . ▶ Schedule K - Compens

Schedule K - Compensation of Officers, I	Directors, and Trustees (see in	istructions)	
1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) ATCH 2		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1. Part II. line 14	•		

Form **990-T** (2018)

27-3197768 ATTACHMENT 1

## FORM 990T - LINE 50G - OTHER CREDITS AND PAYMENTS

FROM FORM 2439 FROM FORM 4136

OVERPAYMENT CARRIED FORWARD ON ORIGINAL RETURN

-2,330.

## FEDERAL FOOTNOTES

THE FORM 990-T IS BEING AMENDED BECAUSE OF THE REPEAL OF 512(A)(7) WHICH NO LONGER SUBJECTS DISALLOWED FRINGE BENEFITS TO UNRELATED BUSINESS INCOME. THE FORM 990-T PART II, LINE 19, PART III, LINE 34 AND PART V, LINE 50G ARE BEING CHANGED DUE TO THE REPEAL OF 512(A)(7).