023701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-1	(2018) CENTER FOR TRANSFORMING LIVES 75-0	082 <u>9389</u>	Page 2				
Part I	II 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		-00					
30	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of						
0.7	lines 33 and 34	$\frac{36}{\sqrt{37}}$	1,000.				
37		38 🜆	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			<u> </u>				
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						
	Tax rate schedule or Schedule D (Form 1041)	▶ 40					
41	Proxy tax See instructions	▶ 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 \			· · · · · · · · · · · · · · · · · · ·				
	Foreign tax credit (corporations attach Foi m 1118, trusts attach Form 1116) 45a						
b	Other credits (see instructions) 45b						
_	General business credit. Attach Form 3800 45c	 .					
C							
	Credit for prior year minimum tax (attach Form 8801 or 8827) Add Joseph South and 15th to act 15th and 15th an	─ ─					
	Total credits Add lines 45a through 45d	45e					
46	Subtract line 45e from line 44	46	0.				
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched	·					
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	0.				
50 a	Payments: A 2017 overpayment credited to 2018 50a,						
b	2018 estimated tax payments 51 b 5gb 5,97	<u>/6.</u> -					
C	Tax deposited with Form 8868	```					
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d						
е	Backup withholding (see instructions) 50e						
	Credit for small employer health insurance premiums (attach Form 8941) 50f						
	Other credits, adjustments, and payments Form 2439						
9	Form 4136 Other Total 50g						
51	Total payments Add lines 50a through 50g	51	5,976.				
51	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	3,370:				
52							
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53,	E 076				
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54	5,976.				
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax. Refunded V	0 ≥ 6 5	5,976.				
Part \							
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No				
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		·				
	here >		X				
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	,	X				
	If "Yes," see instructions for other forms the organization may have to file.		•				
58	Enter the amount offax-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 k	nowledge and b	elief it is true,				
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge						
Here	1/18/20 CEO		discuss this return with				
	Signature of officer Date Title	- Ine preparer instructions)	r shown below (see				
			100				
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	1				
Paid	IRA L. NEVELOW Dra Nevelow 07/15/20 self-empl		00000000				
Prepa	II CI		00083210				
Use C	Only Firm's name ► WEAVER AND TIDWELL, LLP Firm's El	N ► 7:	5-0786316				
	2821 W. 7TH ST., STE. 700						
	Firm's address ► FORT WORTH, TX 76107 Phone no	<u>817-3</u>	332-7905				
823711 01	-09-19		Form 990-T (2018)				

Schedule A - Cost of Good	s Sold. Enter method of in	ventory valuation N/A	/			
1 Inventory at beginning of year				6		
2 Purchases	2	7 Cost of goods sold S				
3 Cost of labor	3	from line 5. Enter here				
4a Additional section 263A costs		line 2	1			
(attach schedule)	_4a_	8 Do the rules of section	8 Do the rules of section 263A (with respect to			
b Other costs (attach schedule)	4b	property produced or	property produced or acquired for resale) apply to			
5 Total Add lines 1 through 4b	5	the organization?				
Schedule C - Rent Income (see instructions)	(From Real Property a	ind Personal Property I	Leased With Real Prop	perty)		
1 Description of property						
(1)						
(2)						
(3)						
(4)						
	2 Rent received or accrued			· · · · · · · · · · · · · · · · · · ·		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than ' of rent	eal and personal property (if the percentator personal property exceeds 50% or if the rent is based on profit or income)	ersonal property exceeds 50% or if			
(1)						
(2)						
(3)		, , , , , , , , , , , , , , , , , , ,				
(4)		<u></u>				
Total	0 . Total		0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	ı (A) ▶		(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)	> 0.		
Schedule E - Unrelated Deb	t-Financed Income (s	see instructions)				
		2 0 (3. Deductions directly conto debt-finan	nnected with or allocable seed property		
1 Description of debt-fir	nanced property	2 Gross income from or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)	·					
(2)						
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (allach 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)		9%				
(3)		%		· · · · · · · · · · · · · · · · · · ·		
(4)		%				
			Enter here and on page 1, Part I line 7 column (A)	Enter here and on page 1 Part I line 7 column (8)		
Totals		_	0	0.		
Total dividends-received deductions in	cluded in column 8		<u> </u>	0.		
TOTAL DIVIDENDS-TEGETYED BEUDGIONS III	oracion in committo			<u> </u>		

Schedule F - Interest,	Annuitie	s, Royalti					ations	(see ins	tructions	;)
			Exem	pt Controlled	Organizat	tions				
1 Name of controlled organiza	tion	2 Empl identifica numb	ition (loss)	t unrelated incom (see instructions		otal of specified yments made	include	of column 4 the din the control tion's gross in	olling	6 Deductions directly connected with income in column 5
(1)							1			
(2)						· · · · · · · · · · · · · · · · · · ·	1 -	,		
(3)										
(4)			· · · · · · · · · · · · · · · · · · ·		_		 			
Nonexempt Controlled Organ	izatione	L	L							
						140 5				
7 Taxable Income		nrelated income iee instructions)	(loss) g (otal of specified made	payments	10 Part of colu in the controll gros	imn 9 that ling organi is income	zation s	11 Dec	luctions directly connected income in column 10
(1)					· · · · · · · ·	1	,			
(2)										
(3)										
(4)								- 1		
	<u> </u>		l .			Enter here and		1, Part I	Enter he	d columns 6 and 11 'ere and on page 1 Part I,
						line 8	column (A	i	ı	ine 8, column (B)
Totals					<u> </u>			0.		0.
Schedule G - Investme (see inst	ent Incon ructions)	ne of a Se	ection 501(c	;)(7), (9), o	r (17) Or	ganization				
1 Desc	cription of inco	me 		2 Amou	nt of income	3 Deduction directly connection (attach scheme)	ected	4 Set-a (attach so		5 Total deductions and set-asides (col 3 plus col 4)
(1)	<u> </u>						[
(2)										
(3)										
(4)										
					and on page 1 9, column (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals					0.					0.
Schedule I - Exploited	-	Activity I	ncome, Oth	er Than A		ng Income				
1 Description of exploited activity	T	e from	3 Expenses directly connected with production of unrelated business income	from unre busines minus co gain, con	acome (loss) ated trade or s (column 2 dumn 3) If a apute cols 5 augh 7	5 Gross inco from activity is not unrela business inco	that ted	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				1			Î			
(2)	1									
(3)								,		
(4)				1						†
	Enter her page 1 line 10,	Part I, col (A)	Enter here and on page 1 Part I line 10, col (B)			, -				Enter here and on page 1, Part II line 26
Totals	<u> </u>	0.).				-		0.
Schedule J - Advertisi										
Part I Income From	Periodic	als Repo	rted on a Co	onsolidate 	ed Basis					
1 Name of periodical		2 Gross advertising income	3 Direct advertising co	or (los	dvertising gain s) (col. 2 minus a gain, coinpu 5 through 7			6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)					•					
(3)			+							
(4)						4-4				**
Totals (carry to Part II, line (5))	•	0	•	0.						0.
										Form 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill columns 2 through 7 on a line-by-line basis)	7 Excess readership
2 Gross advertising an or (loss) (col 2 minus income advertising costs advertising gain or (loss) (col 2 minus income income costs	column 5, but not more than column 4)
(1)	
(2)	
(3)	
(4)	
Totals from Part I ▶ 0. 0. 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.
Enter here and on page 1 Part I, line 11, col (A) line 11 col (B)	Enter here and on page 1, Part II line 27
Totals, Part II (lines 1-5)	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.

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