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Schedule B

(Form 990, 990-EZ, or 680-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

20**12**

Name of the organization					Employer Identification number		
	THE STANDARD CHARITABLE FOUNDATION 20-3997125						
Organization type (chack one):							
Fliers	t:	90	ction:				
Form 990 or 990-EZ			501(c)() (enter number) organization		•		
			4847(a)(1) nonexempt charitable trust not treated as a privi	ite fo	undation		
			527 political organization				
Form 990-PF		501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		■ 501(c)(3) taxable private foundation					
	only a section 501 (c)(7)		red by the General Rule or a Special Rule . , or (10) organization can check boxes for both the General	Rule a	and a Special Rule. See		
Сепега	l Rule						
X	For an organization filling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.						
Special	Rules						
0	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/s % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (I) Form 990, Part VIII, line 1h, or (II) Form 990-EZ, line 1. Complete Parts I and II.						
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the Ganarai Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
990-EZ	n. An organization that or 990-PF), but it mu:	le n sta	ot covered by the General Rule and/or the Special Rules donswer "No" on Part IV, line 2 of its Form 990; or check the bocentify that it does not meet the filling requirements of Scho	on se	t file Schedule B (Form 890, line H of its Form 990-EZ or on		

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	(Form 990, 990-EZ, or 990-PF) (2012)		Page 2
•	ANDARD CHARITABLE FOUNDATION	· ·	ployer Identification number -3997125
Partl	Contributors (see Instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Neme, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE STANDARD EMPLOYEE GIVING CAMPAIGN 1100 SW SIXTH AVENUE, P11B PORTLAND, OR 97204-1093	\$ 27,870	Parson X Payroll X Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payrolt Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(B) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(A) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
********		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•		\$	Person Payroll Noncash
			(Complete Part II If there is a noncash comribution.)

	(Form 990, 990-EZ, or 990-PF) (2012)		Page
,	rgenization	1	mployer identification number
Pitell	ANDARD CHARITABLE FOUNDATION Noncash Property (see instructions). Use duplicate copie		0-3997125 pace is needed.
(a) No. from Part I	(b) Description of noncesh property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(e) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
^		\$	
(a) No. from Part I	(b) Description of noncesh property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(s) No. from Part I	(b) Description of noncash property given	(o) FMV (or estimate) (see instructions)	(d) Date received
		\$	
<u> </u>			

Ochedule 6 (F	Fo;m 990, 890-EZ, or 890-PF) (2012)		Page &				
Name of or	~		Employer identification number				
THE STA	NDARD CHARITABLE FOUNDATION Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,						
	contributions of \$1,000 or less for t	ne year, (Enter this Informat					
(a) No.	Use duplicate ocples of Part III If ad	ditional space is needed.					
from Part I	(b) Purpose of glit	(c) Use of gift	(d) Description of how gift is held				

	(e) Transfer of gift						
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferoe				
(e) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
********		*****************************					
-	(e) Transfer of gift						
	7ransferse's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(e) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	'fransteres's name, address, a	nd ZIP + 4	Relationship of transferor to transferos				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		<u> </u>					
	(e) Trensfer of gift						
<u> </u> -	Transferee's name, address, s	nd ZIP + 4	Relationship of transferor to transferee				
			Schedulo 8 (Form 990, 990-EZ, or 990-PF) (2012)				