		SECT	ION 512	(A)	(7) REPEAL	•		14	$\cap \wp$		
	l F	cempt Organi	zation	Rus	siness Inco	nme	Tax Re	l) ( turr	77		
Form 990-T	_'	land n	roxy tax	CUN	der section	6033 <i>(</i>	e))	, cui i	' ∤	OMB N	lo 1545-0687
es.	For cale	ndar year 2018 or other t						0 20	19	න(	<b>ก</b> 1Ω
Department of the Treasury	]	Go to www irs g									910
Internal Revenue Service	▶Do	not enter SSN numbers							3)	Open to Pu 501(c)(3) C	ublic Inspection for Organizations Only
A Check box if		Name of organization (	Check b	ox if na	me changed and see	instruction	ns)	0		yer identific yees trust, see	ation number
address changed			_						(Emple	, 400 11001, 550	,
B Exempt under section	Drint	LEAGUE SCHOO			<del></del>					11 4276	
X 501( C 10 3 )	Print or	Number, street, and room	n or suite no	lf a P O	box, see instructions					714376	es activity sodo
408(e) 220(e)	lype	483 CLERMONT	AMENIIE					-	Unrelated business activity code (See instructions )		
408A 530(a)	"	City or town, state or pr		v and 2	7IP or foreign postal co						
529(a) C Book value of all assets	1	BROOKLYN, NY		y, uno 1	in or lardigit postar of	<b>,</b>		ľ			
at end of year	F Gro	up exemption number		ions )	<b>•</b>						
		ck organization type	·	<del></del>		501(c	) trust	TT.	401(a) i	rust	Other trust
H Enter the number of							·			(or first) un	
trade or business he	re 🕨				If o	nly one,	complete P	arts I-V	If more	than one,	describe the
first in the blank spa	ace at the	end of the previous se	entence, co	mplete	Parts I and II, com	plete a S	chedule M f	or each	addition	al	
trade or business, th	en compl	ete Parts III-V									
I During the tax year,	was the	corporation a subsidiai	y in an affil	ıated g	roup or a parent-sul	bsidiary (	controlled gr	oup?		▶ 🗀	∫ Yes ∑ No
		identifying number of t	he parent co	rporati	on 🕨						
J The books are in car					,		e number			T	
Part   Unrelated		or Business Incom	ie		(A) Income	<del>-</del>	(B) E	xpense	S	<del> </del>	(C) Net
1a Gross receipts or							İ				
b Less returns and allows			c Balance							<del> </del>	
=		ule A, line 7)		3						<del></del>	
•		2 from line 1c			-	<del></del> -					
		ttach Schedule D) Part II, line 17) (attach Fo		4a 4b							
		rusts	• •	4c							
		r an S corporation (attach state)		5			RF	CEI	VEF		
` '	•			6				<u> </u>	VEL.		<del></del>
		come (Schedule E)		7		- 5	8			781	
8 Interest, annuities, roya	alties, and re	nts from a controlled organizati	on (Schedule F)	8		222	MA	R 09	2020		
9 Investment income of a	section 50	1(c)(7), (9), or (17) organizatio	n (Schedule G)	9			L			8	
10 Exploited exempt	activity ii	ncome (Schedule I) .		10_			_OG	DEA			
11 Advertising incon	ne (Sched	lule J)		11	,				, 0 1	<u> </u>	
· ·		tions, attach schedule)		12			<u> </u>			<u> </u>	
		ough 12				0.		<del></del>		<u> </u>	
		Taken Elsewhere						s)(Ex	cept fo	or contrib	utions,
		be directly connec		_							
		directors, and trustees (									
· ·											
		see instructions)									
		• • • • • • • • • • • • • • • • • • • •								<del>-</del>	
		See instructions for limit									
	•	4562)			1	1					
		on Schedule A and els							22ь		
		compensation plans									
		· · · · · · · · · · · · · · · · · · ·									
26 Excess exempt ex	penses (S	Schedule I)							26		
		chedule J)									
28 Other deductions	(attach s	chedule)									
		s 14 through 28,								<del></del> -	
		le income before net							30		
		g loss arising in tax ye	-	_		-		•			
		income Subtract line	31 from line	30 .	<u> </u>	<u></u>	<del> <u></u></del>		32		
For Paperwork Reduct	ION ACT N	ouce, see instructions								Form	990-T (2018)

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	990-T (2018)		Page 2
Pai	t III Total Unrelated Business Taxable Income	<del>,</del> -	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1 1	
	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	1 1	
	of lines 33 and 34	36	
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,	111	
	enter the smaller of zero or line 36	38	0.
Par	t IV Tax Computation		
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		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)		
41	Proxy tax See instructions		
42	Alternative minimum tax (trusts only)		
43	Tax on Noncompliant Facility Income. See instructions		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Par			
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	-	
b	Other credits (see instructions)	] ]	
С	General business credit Attach Form 3800 (see instructions)	4 l	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	4	
е	Total credits Add lines 45a through 45d		
46	Subtract line 45e from line 44		
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).		
48	Total tax Add lines 46 and 47 (see instructions)		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	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)	<b>∤</b>	
	Backup withholding (see instructions)	-	
	Credit for small employer health insurance premiums (attach Form 8941)	<b>∤</b>	
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g	┨╻╻	26 112
51	Total payments. Add lines 50a through 50g	51	26,112.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	<del></del>
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	158 -	26,112.
54	Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	26,112.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax		20,112.
Par			ithority Yes No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		·············
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization me FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-	1 1
		roreign c	X
	here		<del></del>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign and the organization receive a distribution from the distribution from th	gn trust?.	· · · ·    ^-
EC	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   S  Under penalties of penury I declare that I have examined this return, including accompanying schedules and statements and to the b	est of mu b	nowledge and helief it is
Ciar.	true correct and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge	est of my k	
Sign		-	discuss this return
Her		th the pre einstructions)	eparer shown below
	Print/Type preparer's name Pceparer's signature Date	- manuchons)	<sup>)?</sup> X Yes No
Paid	DALL HAMATER COUNTER CONTROL CHECK		
Prep	FAOL HAPPMEASCHALDI UUANNAMAA sell-e	mployed	P01384178
Use	Only Firm's name ► BDO USA, LLP Firm's Address ► 100 PARK AVENUE, NEW YORK, NY 10017-5001 Phone	212	3-5381590
	Firm's address ► 100 PARK AVENUE, NEW YORK, NY 10017-5001 Phone	: no ZIZ	-885-8000

Form 990-T (2018)

(1)				
(2)				
(3)				
(4)				
Total	Total		atal daduatiana	
(c) Total income Add totals	of columns 2(a) and 2(b) Enter	Enter	otal deductions. r here and on page 1,	

here and on page 1, Part I, line 6, column (A) . . . . . ▶

Total dividends-received deductions included in column 8 . . . . .

Part I, line 6, column (B)

Schedule E - Unrelated D			Deductions directly connected with or allocable to debt-financed property			
1 Description of de	bt-financed property	allocable to debt-financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
1)						
2)				., , , , , , , , , , , , , , , , , , ,		
3)						
1)						
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 (attach 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))		
)		%				
)		%				
3)		%				
3)		%				
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1 Part I, line 7, column (B)		
		_	1			

Form 990-T (2018)

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Form 990-T (2018)	LEAGUE S				h	ِ ذ				714376 Page
Schedule F-Interest, Anni	uities, Royaltie	s, and Ren	s Fre	om Contro	led O	rganiza	tions (se	e instructi	ons)	
<u> </u>		Exem	pt Co	ontrolled Org	janızatı	ons				
1 Name of controlled organization	2 Employer identification numl	ber 3 Ne	t unre	lated income instructions)	4 Total	of specifients made	ed include	of column 4 t d in the contr tion's gross in	olling	6 Deductions directly connected with income in column 5
(1)										
(2)							<u> </u>			
(3)					-					<del></del>
(4)										
Nonexempt Controlled Organia	zations									
7 Taxable Income	8 Net unrelated (	l l		Total of specifie bayments made	ed .	ınclı	Part of columnided in the conization's grown	ontrolling		Deductions directly nected with income in column 10
(1)				· · · · · ·	···				,	
(2)										
(3)										
(4)										
Totals					•	Ente Par	d columns 5 er here and on 1, line 8, colu	page 1, umn (A)	Ente	d columns 6 and 11 er here and on page 1, 11, line 8, column (B)
Totals	come of a Sec	ction 501/c	1/71	(9) or (17	Orga	nizatio	n (see ins	tructions)	L	
1 Description of income	2 Amount o		7.7.	3 Deduction directly con (attach sch	ions nected		4 S	et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)					,			_		
(2)			<u> </u>							<del></del>
(3)			<del>                                     </del>							
(4)		*****								<del></del>
Totals	Enter here and Part I, line 9, c	olumn (A)								Enter here and on page 1 Part I, line 9, column (B)
Schedule I~Exploited Exe	mpt Activity In	come, Oth	er Th	an Adverti	sing Ir	come	(see instru	ictions)		_ <del></del>
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business income.	with of	4 Net incom from unrelate or business ( 2 minus colu If a gain, co cols 5 throi	ed trade column imn 3) mpute	from a	oss income activity that unrelated ess income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	1									
(2)	· · · · · ·									
(3)								1		
(4)							_			
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pai line 10, col	t I,							Enter here and on page 1, Part II, line 26
Schedule J- Advertising In	come (see instr	uctions)		<del></del>						<del></del>
Part I Income From Peri			nsol	idated Bas	is			···		<del>-</del>
	, , , , , , , , , , , , , , , , , , ,			1						
1 Name of periodical	2 Gross advertising income	3 Direct advertising o		4 Adverti gain or (loss 2 minus col a gain, con cols 5 throi	s) (col 3) If apute		rculation come	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				]						7
(3)				1						7
(4)										
Totals (carry to Part II, line (5))										

Form **990-T** (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 )

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)			1			
(2)						
(3)						
(4)						
Totals from Part I ▶						
	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)		<del> </del>				

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
4)		%	
otal Enter here and on page 1, Part II, line 14.			

Form **990-T** (2018)