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NE SERVICE	

Form 990-T	Exempt Organization Bus	sine	ss Income T	ເມືອນ () ຮ 「ax Returnຸ		529 0 MB No 1545-0687			
F 4.	(and proxy tax und	(and proxy tax under section 6033(e))							
	For calendar year 2018 or other tax year beginning OCT 1	, 20	18 , and ending SE	<u> P 30, 2019</u>	21 :	2018			
Department of the Treasury	Go to www.irs gov/Form990T for instructions and the latest information. Open to Public Inspection for								
Internal Revenue Service	Do not enter SSN numbers on this form as it ma	y be ma	de public if your organiz		501(c)	(3) Organizations Only			
A Check box if address changed	Name of organization (Check box if name	changed	and see instructions.)	[Employer id (Employees instructions				
B Exempt upder section	Print LITTLE LEAGUE BASEBALL					1688231			
$X = 501(c\sqrt{3})$	or Number, street, and room or suite no. If a P.O. bo	ox, see II	nstructions.	٠ إ	Unrelated b See instruc	usiness activity code itions)			
408(e)220(e)	P.O. BOX 3403								
408A530(a) 529(a)	City or town, state or province, country, and ZIP (WILLIAMSPORT, PA 1770			4	15322	0			
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<u> </u>	3158						
<u>91,314,/</u>				401(a) t		Other trust			
	organization's unrelated trades or businesses.	3		the only (or first) unre					
-	GIFT SHOP SALES			, complete Parts I-V. If		one,			
	lank space at the end of the provious centence, complete P	aris i an	a II, complete a Scheduli	e ivi tor each additional	trade of				
business, then complete	the corporation a cubsidiary in an affiliated group or a pare	nt-cuhe	idiary controlled group?		Yes	X No			
	and identifying number of the parent corporation.	iii oubs	idially controlled group.						
	► DAVID B. HOUSEKNECHT		. Teleph	none number 🕨 (5	570)	326-1921			
	d Trade or Business Income		(A) Income	(B) Expenses		(C) Net			
1a Gross receipts or sale	s 579,456.								
b Less returns and allow	wances c Balance	1c	579,456.	200-1					
2 Cost of goods sold (S	chedule A, line 7)	2	243,372.	7年18年18月7日					
3 Gross profit. Subtract	line 2 from line 1c	3	336,084.	\$344 e e	205	336,084.			
	ne (attach Schedule D)	4a							
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b		Participants Carpethians					
 Capital loss deduction 		4c			Ca. 15.				
	partnership or an S corporation (attach statement)	5							
6 Rent income (Schedu	•	6		ECIEVID-					
	ed income (Schedule E)	7	-	Same of the Party	TO				
	valties, and rents from a controlled organization (Schedule F)		12.	FFB 2 1 207J	131	· ·			
	a section 501(c)(7), (9), or (17) organization (Schedule G vity income (Schedule I)	10	5, 1	T D ZI LOI J	12				
11 Advertising income (S		11	,	JEN: LIT					
- · · · · · · · · · · · · · · · · · · ·	structions; attach schedule)	12							
13 Total. Combine lines		13	336,084.	-		336,084.			
Part II Deductio	ns Not Taken Elsewhere (See instructions f	or limita	ations on deductions)						
(Except for d	contributions, deductions must be directly connecte	d with t	he unrelated business	s income.)					
14 Compensation of off	icers, directors, and trustees (Schedule K)				14				
15 Salaries and wages				_	15	113,201.			
16 Repairs and mainten	ance .			<u> </u>	16				
17 Bad debts				-	17				
•	dule) (see instructions)			-	18				
19 Taxes and licenses	one (See matrustions for limitation rules)			<u> </u> -	20				
	ons (See instructions for limitation rules)		21	48,225.	20				
	amed on Schedule A and elsewhere on return		22a		22b	48,225.			
23 Depletion	anned on Schedule A and eisewhere of return		224		23	10,72207			
•	erred compensation plans			<u> </u>	24				
25 Employee benefit pro					25	50,940.			
26 Excess exempt exper				F	26				
27 Excess readership co	•				27				
28 Other deductions (at	·		SEE STAT	rement 1, , [28	164,796.			
29 Total deductions. A	dd lines 14 through 28			24	29	377,162.			
	axable income before net operating loce deduction. Subtrac			L	30	-41,078.			
	erating loss arising in tax years boginning on or after Janua	ary 1, 20	118 (see instructions)	21	31	600mbo Trutta, material contribution in a			
	axable income. Subtract line 31 from line 30			り	32	<u>-41,078.</u>			
823701 01-09-19 LHA Fo	r Paperwork Reduction Act Notice, see instructions				1 Fo	orm 990-T (2018)			

Form 990-1		23-16	88231	Page 2
Part I				
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	- · · · · · · - <u>-</u>
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	IT 2	35	0.
36	Total of unrelated business taxable income before specific doduction. Subtract line 35 from the sum of			
	lines 33 and 34	٠.	_36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	A	2 81	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		Į I	
	enter the smaller of zero or line 36		38	0.
Pårtil	Val Tax Computation			
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 \	Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		1.5	
ь	Other credits (see instructions) 45b		7,	
C	General business credit. Attach Form 3800 45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		133	
	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47		ach schedule)		
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.
	Payments: A 2017 overpayment credited to 2018		40	
	2018 estimated tax payments 50b			
	Tax deposited with Form 8868		- , ,,	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d			
	Backup withholding (see instructions) 50e		- 1	
	Credit for small employer health incurance premiums (attach Form 8941) 50f		726	
	Other credits, adjustments, and payments: Form 2439		, , , ,	
y	Form 4136 Other Total 50g		". " ;	
E4	Total payments. Add lines 50a through 50g		51	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
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	
5 4 55	Finter the amount of line 54 you want. Credited to 2019 estimated tax	habi	55	
Part V			1 [
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			7, 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here POLAND			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n truct?		$-\frac{1}{x}$
37	If "Yes," see instructions for other forms the organization may have to file.	ii ii ust*		
58	Enter the amount of tay-eyempt interest received or accrued during the tay year			
30	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	st of my know	ledge 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			
Here	Dard B. Howelett ozhran CFO		May the IRS discu	
	Signature of officer Date Title		the preparer show instructions)?	
		eck	if PTIN	100 100
			ı	
Paid	TATHE I WINNER CDA A PART OF 12-13170	lf- employed	I	72711
Prepa	rer - DAMED WILLY WIDOWOM WOALDEN FLD	rmic CINI h		859910
Use C	Firm's name BAKER TILLY VIRCHOW KRAUSE LP F 1000 COMMERCE PARK DR.	ırm's EIN	23-0	033310
		hone se	570 222	6023
	<u> </u>	hone no.	<u>570.323</u>	
323711 01-	09-19		For	m 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter		tory v	aluation ► N/A			 	
 Inventory at beginning of year 	1	0.	6	Inventory at end of yea	r		6	0.
2 Purchases	2	243,372.	7	Cost of goods sold. Su	ubtract	line 6		
3 Cost of labor	3			from line 5. Enter here	and in	Part I,	النسِّا	0.4.0 0.7.0
4a Additional section 263A costs				line 2			7	243,372.
(attach schedule)	4a	·	8	Do the rules of section	•	•		Yes No
b Other costs (attach schedule)	4b	042 270	┨	property produced or a	cquired	for resale) apply to		
5 Total Add lines 1 through 4b	5 5 Comp. Do. of	243,372.	Dor	the organization?		d With Bool Dron	orth ()	X
Schedule C - Rent Income (see instructions)	(From Real	Property and	Pers	sonal Property L	ease	u with heat Prop	er ty)	
(see instructions)					-			
1. Description of property								
(1)								
(2)								
(3)								
(4)					-			
	2. Rent receiv	red or accrued				0(-) 5 1 1 1		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y connected nd 2(b) (attac	with the income in th schedule)
(1)								
(2)								
(3)	-							
(4)								
Total	0.	Total			0.	1		
(c) Total income. Add totals of columns		nter			_	(b) Total deductions. Enter here and on page 1,		
here and on page 1, Part I, line 6, column		<u> </u>			0.	Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Del	ot-Financed	income (see	nstru	ctions)				
			2	. Gross income from		 Deductions directly conto debt-finant 		or allocable
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b	Other deductions attach schedule)
						(attach schedule)		attach scheddiej
(1)							+	<u>.</u>
(1)							+	
(3)							1	
(4)							<u> </u>	
4. Amount of average acquisition	5 Average	adjusted basis	6	Column 4 divided		7. Gross income	8	Allocable deductions
debt on or allocable to debt-financed property (attach schedule)	of or a	allocable to inced property h schedule)		by column 5		reportable (column 2 x column 6)		mn 6 x total of columns 3(a) and 3(b))
(1)				%			1	
(2)				%			1	
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)		here and on page 1, I, line 7, column (B)
Totals				▶		0	<u>.</u>	0.
Total dividends-received deductions in	ncluded in columi	า 8					•	0.

Schedule F - Interest, A	Annuities, R	oyalties, an	d Rents	From Co	ntrolle	d Organiza	itions	see ins	tructions	s)
		-	7.	Controlled O						
1. Name of controlled organizat	ion	Employer identification number	3. Net unre	elated income instructions)	4. To	tal of specified ments made	includ	t of column 4 ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
/1\										
(1)			†							
(3)			 							··· · · · · · · · · · · · · · · · · ·
(4)										
Nonexempt Controlled Organi	zations		<u> </u>				L			
7. Taxable Income	8. Net unrelate	d income (loss)	0 Total	of specified payr	nents	10. Part of colu	mn 9 thai	t is included	11 Dec	ductions directly connected
7. Taxable income		ructions)	9. 70.07	made	nemo	in the controlli	ng organ	nization's		income in column 10
(1)										
(2)										
(3)										
(4)										•
						Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					▶.			0.		0.
Schedule G - Investme	nt Income o	f a Section	501(c)(7), (9), or (17) Org	ganization				
(see instr				., . ,, .	,	_				
1. Desc	ription of income			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set- (attach s	asıdes .chedule)	 Total deductions and set-asides (col 3 plus col 4)
(1)		-								
(2)	`									
(3)										
(4)										
				Enter here and Part I, line 9, co	lumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals			<u> </u>		0.		347			0.
Schedule I - Exploited (see instru		ivity Incom	e, Other	Than Adv	ertisir	ng Income		-		т
Description of exploited activity	2. Gross unrelated busine income from trade or busines	directly with pr	openses connected oduction related ss income	4. Net incom from unrelated business (co minus colum gain, compute through	I trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		Ì								
(2)										
(3)										
(4)										
	Enter here and o page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Totals	e Income	0.	0.		ha reva	n Protestant	2400.04			0.
Schedule J - Advertisir				solidated	Basis	·-·				
	<u> </u>			T .		- 			· I	7
1. Name of periodical	adver	iross tising ome adv	3. Direct rertising costs	or (loss) (cost) of cols 5 th	ain, comput	5. Circulat income		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					a nec	2				
(2)			• • •							
(3)					4445					
(4)										
		-	***							
Totals (carry to Part II, line (5))	>	0.	0	•	_					0. Form 990-T (2018)

Page 5

	(== :=) == = = = = = = = = = = = = = = =	
·Päřt(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	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)							
(2)							
(3)		,					
(4)							
Totals from Part I	<u> </u>	0.	0.				0.
		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)	▶	0.	0.			7	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.

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
POSTAGE/SHIPPING OFFICE SUPPLIES UTILITIES INSURANCE		63,344. 45,336. 43,216. 12,900.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	164,796.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/01	104,307.	0.	104,307.	104,307.
09/30/02	90,865.	0.	90,865.	90,865.
09/30/03	17,089.	0.	17,089.	17,089.
09/30/04	32,641.	0.	32,641.	32,641.
09/30/05	91,092.	0.	91,092.	91,092.
09/30/06	135,312.	0.	135,312.	135,312.
09/30/07	143,445.	0.	143,445.	143,445.
09/30/08	214,016.	0.	214,016.	214,016.
09/30/09	187,663.	0.	187,663.	187,663.
09/30/10	245,015.	0.	245,015.	245,015.
09/30/11	262,489.	0.	262,489.	262,489.
09/30/12	180,899.	0.	180,899.	180,899.
09/30/13	133,467.	0.	133,467.	133,467.
09/30/14	33,889.	0.	33,889.	33,889.
09/30/15	139,274.	0.	139,274.	139,274.
09/30/16	59,223.	0.	59,223.	59,223.
09/30/17	67,284.	0.	67,284.	67,284.
09/30/18	92,264.	0.	92,264.	92,264.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	2,230,234.	2,230,234.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

2018

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99)

Name of the organization ► 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 Public Inspection for 501(c)(3) Organizations Only

Employer identification number

23-1688231 LITTLE LEAGUE BASEBALL, INCORPORATED 541800 Unrelated business activity code (see instructions) ► EQUIPMENT & SUPPLIES CATALOG Describe the unrelated trade or business **Unrelated Trade or Business Income** (B) Expenses (C) Net (A) Income Gross receipts or sales Balance > b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit, Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4b b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 6 Rent income (Schedule C) ĸ 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 50,800. 110.544. 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 50,800. 110,544. Total. Combine lines 3 through 12 13 13

Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	AUD	
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-59,744.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	3895	
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-59,744.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

LITTLE LEAGUE BASEBALL, INCORPORATED
Schedule J - Advertising Income (see instructions)

Part Income From Periodicals Reported on a Consolidated 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)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.
Part II Income From Period		ed on a Separ	ate Basis (For ea	ch periodical lister	d in Part II, fill in	
columns 2 through 7 on a	lıne-by-line basıs.)	1				
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) EQUIPMENT &						
(2) SUPPLIES CATALOG	50,800.	110,544.	-59,744.			
(3)						
(4)						
Totals from Part I	0.	0.				0.
	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)	50,800.	110,544.				0.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

98,390.

98,390.

98,390

98,390.

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99)

10

12

Advertising income (Schedule J)

Total. Combine lines 3 through 12

Other income (See instructions; attach schedule)

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Employer identification number Name of the organization LITTLE LEAGUE BASEBALL, INCORPORATED 23-1688231 541800 Unrelated business activity code (see instructions) ▶ WORLD SERIES PROGRAM ADVERTISING Describe the unrelated trade or business Partill Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales **b** Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 2

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Gross profit. Subtract line 2 from line 1c 3 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach 5 5 statement) Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I)

Part It Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

12

13

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salanes and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	验证	
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	·
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

LITTLE LEAGUE BASEBALL, INCORPORATED Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated 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)						
(2)				-		
(3)						
(4)						
Totals (carry to Part II, line (5))	▶ 0.	0.				0.
Part II Income From Po	eriodicals Report	ed on a Separ	ate Basis (For ea	ch periodical liste	d in Part II, fill in	
columns 2 through 7	on a line-by-line basis.	.)				
Name of periodical	2. Gross advertising income	3. Direct advertising costs	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) WORLD SERIES						
(2) PROGRAM	98,390.	98,390.				
(3)						
(4)					,	
Totals from Part I	▶ 0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 98,390.	98,390.				ο.