| DHHTS | and a | , | | | | | | | 2 | !9 393 3 | 41 | 03211 | (|
|-------------|---|------------|---|------------------|---------------------|---------------|--------------|-----------|-------------------|-----------------------------------|----------|------------------------|------|
| ∵⁄ Forn | .990-Ţ | | • | d pro | oxy tax un | sine der s | section | 6033 | e Tax He B(e)) | turn | | 2018 | |
| | artment of the Treasury | ł | endar year 2018 or other tax y ►Go to <i>www.irs</i> | .gov/F | orm990T for i | | ctions and | | test informatio | | | n to Public Inspection | |
| Inter | nal Revenue Service Check box if | ▶ Do | not enter SSN numbers | \Box | | | | | | | | (c)(3) Organizations O | inly |
| A B | address changed | - | Name of organization (| □ ° | Check box if name | change | ed and see i | nstructio | ns) | D Employer ide (Employees' tri | | | |
| | Exempt under section X 501(C) 03) | Print | LANCASTER | ΡΩΤ. | TCE ATE | ग.स | ጥፐሮ 1 | .EAG | भागः | (=::,7::,7::, ::: | , | , | |
| <u> </u> | 408(e) 220(e) | or | Number, street, and room or s | | | | | | | 26-43 | 127 | 436 | |
| İ | 408A 530(a) | Type | PO BOX 488 | 0110 710 1 | 0 000, 000 11 | Structio | | | | E Unrelated bu | | | |
| Ī | 529(a) | ', | City or town, state or province | e, count | try, and ZIP or for | eign po | stal code | | | (See instruction | | | |
| <u> </u> | Book value of all assets | | Lancaster | | | | OH 4 | 313 | 0 | 71320 | 00 | | , |
| - ' | at end of year | F G | roup exemption number | (See | instructions) | | | | | | | | |
| | | | heck organization type I | | X 501(c) c | | | | 501(c) trust | 401(a) trus | _ | Other trust | |
| н | Enter the number of the | organiza | ation's unrelated trades | or bus | sinesses 📐 | 1 | Describe | e the o | nly (or first) un | related trade or l | busine | ess here | |
| l | | | | | | | | | | | - | ly one, complete | |
| | Parts I–V If more than o | | | | | | previou | s sente | ence, complete | Parts I and II, c | omple | ete | |
| | Schedule M for each ad | | | | | | | | | | | T. V | |
| ' ' | During the tax year, was f "Yes," enter the name | and idei | ntifying number of the p | an am arent d | corporation | or a pa | arent-sub | osidiary | controlled gro | oup | ļ | ► Yes X | No |
| J | The books are in care of | f ▶ W | ES SIMS | | | | | | Tele | phone number > | . 74 | 40-808-60 | 67 |
| Pa | art I Unrelated | d Trade | e or Business Inc | ome | | | | (A) | Income | (B) Expenses | | (C) Net | |
| 1a | Gross receipts or sale | s | 389,842 | | | | _ | | | | | | |
| b | Less returns and allow | vances | | с Ва | lance | • | 1c | | 389,842 | · | | | |
| 2 | Cost of goods sold (So | chedule . | A, line 7) | | | | 2 | | | | | | |
| 3 | Gross profit Subtract | | | | | | 3 | | 389,842 | | | 389,8 | 42 |
| 4a | Capital gain net incom | • | , | | | | 4a | | | | | | |
| b | | | line 17) (attach Form 4797) | | | | 4b | | | | | | |
| c | Capital loss deduction | | | | | | 4c | | | | | | |
| 5 6 | Income (loss) from partnership Rent income (Schedul | | oration (attach statement) | | | | 6 | | | | -+ | | |
| 7 | Unrelated debt-finance | • | ne (Schedule E) | | | | 7 | | | | | | |
| 8 | | | nts from controlled organiza | ation (S | chedule F) | | 8 | | - | | | | |
| 9 | • | | (c)(7), (9), or (17) organizat | , | , | | 9 | | | | ı | | |
| 10 | Exploited exempt activ | | | | | | 10 | | | | Ī | - " | |
| 11 | Advertising income (S | chedule | J) | | | | 11 | | | | | | |
| 12 | Other income (See ins | structions | s, attach schedule) | | | | 12 | | | | | | |
| 13 | Total. Combine lines 3 | | | | | | 13 | | 389,842 | | | 389,8 | 42 |
| <u>L</u> Pa | art II Deduction | ns Not | t Taken Elsewhere be directly connec | (Se | e instructio | ns fo | or limita | tions | on deduction | ons.) (Except | for c | ontributions, | |
| 14 | _ | | ctors, and trustees (Sch | | | | VED | IESS I | ncome.) | ·· I | 14 | | |
| 15 | Salaries and wages | cro, uirc | cioro, and trastees (och | eduie | | | VLD | ر ر | | F | 15 | | |
| 16 | Repairs and maintena | nce | | 1 | NON 38 | 0 0 | 0040 | S-OSC | | F | 16 | · . | |
| 17 | Bad debts | | | [| SI MUA | 2 2 | 2019 | 100 | | | 17 | | |
| 18 | Interest (attach schede | ule) (see | instructions) | | | - | | <u> </u> | | | 18 | | |
| 19 | Taxes and licenses | | | Ĺ | OGE |)EN | I, UT | - 1 | | | 19 | | |
| 20 | Charitable contributions (S | | , | , | | | | | 1 [| <u> </u> | 20 | | |
| 21 | Depreciation (attach F | | | | | | | | 21 | | | | _ |
| 22 | · | med on S | Schedule A and elsewh | ere on | return | | | | 22a | | 22b | | 0 |
| 23 | Depletion 2 | | | | | | | | | F | 23 | _ | |
| 24 25 | Contributions to deferr | - | pensation plans | | | | | | | | 24 | | |
| 25 26 | Employee benefit prog Excess exempt expens | = | nedule I) | | | | | - | | · | 25 26 | | |
| 27 | Excess readership cos | | | | | | | | | + | 27 | | |
| 28 | Other deductions (atta | | | | | | | See | Statem | ent 1 | 28 | 395,7 | 29 |
| 29 | Total deductions. Ad | | | | | | | | | - | 29 | 395,7 | |
| 30 | • | | come before net operatii | ng loss | s deduction 5 | Subtra | act line 2 | 9 from | line 13 | ŀ | 30 | -5,8 | |
| 31 | <u></u> - | | s arising in tax years be | - | | | | | | ŀ | 31 | | |
| 32 | | | come Subtract line 31 fi | | | | | | | | 32 | -5,8 | 87 |
| DAA | For Paperwork Redu | ction Ac | t Notice, see instructi | ons. | | | | - | | | | Form 990-T (2 | 018 |

| HYS orm | 990-T (2018) LANCASTER POLICE ATHLETIC LEAGUE 26-4127436 | | | | • • Page | 2 |
|------------|--|----------|-------------|-----------------|-----------------|------------|
| | t III Total Unrelated Business Taxable income | | | | | _ |
| 3 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see | | | | | _ |
| | instructions) | 33 | | | 4 | |
| | Amounts paid for disallowed fringes | 34 | | | | |
| | Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see | 57 | | | | — |
| | | 25 | | | | |
| | instructions) | 35 | | | | — |
| | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum | | | | | _ |
| | of lines 33 and 34 | 36 | | | | <u>0</u> |
| • | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | | | <u>1,00</u> | 0 |
| } | 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 |
| | t IV Tax Computation | | | | | |
| | Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21) | 39 | | | | _ |
| | 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 | | • | • | |
| | Proxy tax. See instructions | 41 | | | | _ |
| | Alternative minimum tax (trusts only) | 42 | | | | _ |
| | Tax on Noncompliant Facility Income. See instructions | 43 | | | | |
| | | \vdash | | | | 0 |
| | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | _44 | | | | <u>~</u> |
| | t V Tax and Payments | | | | | |
| | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a | | | | | |
|) | Other credits (see instructions) 45b | | | | | |
| C | General business credit Attach Form 3800 (see instructions) 45c | | | | | |
| i | Credit for prior year minimum tax (attach Form 8801 or 8827) | | Į | | | |
|) | Total credits. Add lines 45a through 45d | 45e | 1 | | | |
| | Subtract line 45e from line 44 | 46 | | | | — |
| | Other taxes | 47 | | | | _ |
| | Sheek if from | \vdash | | | | n |
| | Total tax. Add lines 46 and 47 (see instructions) | 48 | | | | _ |
| | 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 50b | | | | | |
| 9 | Tax deposited with Form 8868 50c | | | | | |
| t | Foreign organizations Tax paid or withheld at source (see instructions) 50d | | | | | |
| • | Backup withholding (see instructions) 50e | | | | | |
| | Credit for small employer health insurance premiums (attach Form 8941) 50f | | | | | |
| | Other credits, adjustments, and payments Form 2439 | | | | | |
| , | | | | | | |
| | | | | | | |
| | Total payments. Add lines 50a through 50g | 51 | | | | |
| | Estimated tax penalty (see instructions) Check if Form 2220 is attached | 52 | | | | _ |
| | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 | | | | <u>0</u> |
| | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 | | | | |
| | Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ Refunded ▶ | 55 | | | | _ |
| ar | t VI Statements Regarding Certain Activities and Other Information (see instructions) | | | | | _ |
| | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority | | | | es N | lo |
| | over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file | | | | | i |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country | | | - | | لح |
| | nere ► | | | F | X | _ |
| | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign true of the grantor of the property of the grantor of the gra | ıst? | | L | X | <u> </u> |
| | if "YES," see instructions for other forms the organization may have to file Enter the amount of tax-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 knowledge and belied true. correct, and complete. Destroy of penalty of penal | , it is | | | | |
| gr | true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | | May | the IRS disci | uss this retu | ntu |
| ere | | | (see | instructions) |) | "" |
| - 1 | Signature of officer Date Title | | · L | Yes | No. | ٥ |
| | Print/Type preparer's name Propogrer's signature Date Date Date | Check | | PTIN | | = |
| ام: | | | | | 1.00 | |
| id | 1 104/01 | | | P00603 | | _ |
| - | rer Firm's name DeLaney & Co., CPAs Firm's | EIN 🕨 | 4 | <u> 15-52</u> | ၁ ၁ 9 4 | <u>. 9</u> |
| e C | Only 717 W Fair Ave | | | | | - |
| | Firm's address ▶ Lancaster, OH 43130-2374 Phone | no . | 740 | <u> 7 - 653</u> | <u>-730</u> | 圷 |
| | · | | - | Form 99 |)=T (201 | 181 |

6 Column

4 divided

by column 5

Form 990-T (2018)

8 Allocable deductions

(column 6 x total of columns

3(a) and 3(b))

Enter here and on page 1.

Part I, line 7, column (B)

7 Gross income reportable

(column 2 x column 6)

Enter here and on page 1,

Part I, line 7, column (A)

%

%

-%

%

(1)

(2)

(3)

Totals

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)

. . . 4:

Total dividends-received deductions included in column 8

| chadula E Interest A | uitios Boundai | E ATHLET | e Even | Canturill | -4 O | : | tion- | 000 (554 | 0001 | Page |
|---------------------------------------|--|---|--------------------------|---|----------------------------------|------------------------------------|---|---|-----------------------------------|---|
| chedule F – Interest, Annu | uities, Hoyalti | es, and Ken | IS From | t Controlled | ea Or | ganiza | tions (| see instructi | ons) | |
| 1 Name of controlled | | 2 Employer | Exemp | Controlled | Orga | nization | is T | <u> </u> | | |
| organization | | dentification number | | elated income e instructions) | | 4 Total of specified payments made | | 5 Part of column 4 that is included in the controlling organization's gross incom | | 6 Deductions directly connected with income in column 5 |
| N/A | - | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | <u> </u> | | | . |
| | | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| onexempt Controlled Organiza | | | | | | | | | , | |
| 7 Taxable Income | 1.8 | Net unrelated income | | 9 Total of specific payments made | | incl | Part of colur | controlling | | Deductions directly nected with income in column 10 |
| | | | + | | | Organ | mzation's gr | ross income | | |
| | | | + | | | + | | , | | |
| | | | | | | - | | | | |
| | | | - | <u> </u> | | - | | | | |
| <u> </u> | | | | | | ۸- | ld columns : | 5 and 10 | Δ- | d columns 6 and 11 |
| | | | | | | Ente | er here and | on page 1, | Ente | r here and on page 1, |
| tals | 7 | | | • | ; • | Par | t I, line 8, co | olumn (A) | Par | t I, line 8, column (B) |
| chedule G – Investment Ir | ncome of a Se | ection 501(c) | (7), (9), | or (17) O | rgania | zation | (see ins | structions) | | |
| 4.8 | | | | 1 | ductions | | | | | 5 Total deductions |
| 1 Description of income | | 2 Amount of income | | 1 ' | | | 4 Set-asides attach schedule) | | and set-asides (col 3 plus col 4) | |
| N/A | | | | | | | | | | |
| | - | | | | | | | | | |
| | | | | | | | | | | |
| | | | | ļ | | | | | _ | |
| tals | | Enter here and or Part I, line 9, col | | | | | | | | ter here and on page art I, line 9, column (B) |
| chedule I – Exploited Exe | mpt Activity | ncome. Othe | er Than | Advertisi | na Inc | come (| see inst | tructions) | | |
| • 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expension directly connected production unrelated business in | ses / with n of | 4 Net income (I from unrelated It or business (col 2 minus column If a gain, comp cols 5 through | oss) rade umn 3) ute | 5 Gros from ac | is income trivity that inrelated is income | 6 Experatributal column | ble to | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| N/A | | | | | - | | | + | | - |
| 11/ 44 | | | + | | -+ | | <u> </u> | | | |
| | 1 | | + | | \rightarrow | | | + | | |
| | | 1 | | | $\overline{}$ | | | + | | |
| tals > | Enter here and on page 1, Part I, line 10 col (A) | Enter here a page 1, Pa line 10, col | art I, | ा प्राचीनिकारिका २ ६ का विकास १ ६ वा वा विद्यालयाम् प्राप्त | | mor our republicanioshlikazi | Seelinlillav 49688 | Enter here and on page 1, Part II, line 26 | | |
| chedule J – Advertising In | come (see ins | tructions) | | | | | | | | |
| Part I Income From F | | | Conso | lidated Ba | sis | | | | | |
| Name of periodical | 2 Gross advertising income | 3 Direct advertising | et | 4 Advertising gain or (loss) (center of the second | g col If te | | culation come | 6 Reade | | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| N/A | | | | | | | | | | |
| | | | | | | | | <u> </u> | | 7 |
| | | | | | | | | | | |
| | | - | | | F | | | | | 7 |
| | | | | | | | | | | |
| | | | | | | · · | | | | |

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4 Advertising 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 3 Direct 5 Circulation 6 Readership advertising 1 Name of periodical 2 minus col 3) If minus column 5, but advertising costs ıncome costs ıncome a gain, compute not more than cols 5 through 7 column 4) (1) N/A (2) (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 (B) Part II, line 27 line 11 col (A) Totals, Part II (lines 1-5)

| 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) N/A | | % | · | | | | |
| (2) | | % | | | | | |
| | <u> </u> | | · · · · · · · · · · · · · · · · · · · | | | | |

(4) 9
Total. Enter here and on page 1, Part II, line 14

Form **990-T** (2018)

Form **990-T**

Schedule M Charitable Contribution and Loss Calculation

Description Unrelated Business Activity

~2018

¥

Name

LANCASTER POLICE ATHLETIC LEAGUE

Taxpayer Identification Number 26-4127436

Unincorporated Business Income Tax Code 713200 Activity Gambling industries

| Worksheet 1 Activity Charitable Contribution Deduction | | |
|--|----|---------------|
| 1 Activity Income (Schedule M, Line 13, col C) | 1 | 389,842 |
| Activity Expense (does not include amount needed for Line 20) | 2 | 395,729 |
| Net Income (Line 1 minus Line 2), If less than zero, enter -0- | 3 | C |
| Current activity contribution limit (Multiplier used is 10%) | 4 | |
| 5 Current year contributions | 5 | C |
| 6 Prior year contributions (corporations only) | 6 | |
| 7 Total available contributions (Add lines 5 and 6) | 7 | |
| 8 Take the lesser of Line 4 or 7, Enter here and on Line 20 (Form 990T or Sch M) | 8 | |
| Remaining contributions (subtract line 8 from line 7) | 9 | |
| 10 Alloçate any remaining amount of Line 9 to taxable fringe benefits (within percent limits), | | |
| Enter amount here and on Form 990-T, Line 33 as a negative amount | 10 | \mathcal{J} |
| 11 Remaining contributions (carried forward for corporations only, See Worksheet 3) | 11 | 0 |
| • | | |
| Worksheet 2 Activity Losses and Carryforward Amounts | , | <u> </u> |
| A Administration of the control of t | | |

| _ | Workshoot E Activity Ecoco and Carry of Ward Amounts | | |
|---|--|---|-------|
| _ | 1 Activity losses (do not include amounts before 2018) | 1 | |
| : | 2 Amount of loss used in the current year | 2 | 0 |
| ; | 3 Prior year losses carried over to next year | 3 | |
| | 4 Losses generated by current year activity | 4 | 5,887 |
| ; | 5 Total loss carried forward to 2019 | 5 | 5,887 |
| | | | |

Worksheet 31 Activity Charitable Contribution Carryforward

| | | Prior Year | | | Next Year | |
|--------------------------------------|----------------------|------------|-----------|-------------|-----------|--|
| Prior Tax Years | Contributions | Used | Carryover | Amount Used | Carryover | |
| 5th 12/31/13 | , | | | | | |
| 4th 12/31/14 | | | | | | |
| 3rd 12/31/15 | | | | | | |
| 2nd 12/31/16 | | | | | | |
| 1st 12/31/17 | | | | | | |
| Charitable Contribution Carryover To | Current Year | | 0 | | | |
| Current Year Amount | 0 - | | | | | |
| Charitable Contribution Carryover Av | ailable To Next Year | | | | | |

BHHYS LANCASTER POLICE ATHLETIC LEAGUE
26-4127436 Federal Statements

FYE: 12/31/2018

Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

| Description | Amount | |
|---|-------------------------------|---|
| Other Professional Fees Cash Prizes Other Direct Fundraising/Gaming | \$ 134,26 136,37 125,08 | 7 |
| Total | \$ 395,72 | 9 |