Total deductions. Add lines 14 through 27 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 30 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 Form 990-T (2019) 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

27

<u>.</u>	· 1	UNION LEAGUE BOYSZAM	ID CIPIC CLUBS			36-3	2167939	Page 9
Part	D-T (2019)	Total Unrelated Business Taxab		_				rage Z
	/ 11	<u> </u>		ee instructions)		32		0.
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)							<u> </u>
	Amounts paid for disallowed fringes Charitable contributions (see instructions for limitation rules)							0.
	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33							
		ion for net operating loss arising in tax years be	36					
		unrelated business taxable income before spec		37				
		deduction (Generally \$1,000, but see line 38 in	138	1,0	00.			
	enter th	e smaller of zero or line 37				39		0.
Part	: IV	Tax Computation						
40	Organi	zations Taxable as Corporations. Multiply line		40		0.		
41	Trusts	Taxable at Trust Rates. See instructions for ta						
	T	ax rate schedule or Schedule D (Form	1041)		▶	41		
42	Proxy t	ax. See instructions			>	42		
43	Alterna	tive minimum tax (trusts only)		•		43		
		Noncompliant Facility Income. See instruction				44		
		Add lines 42, 43, and 44 to line 40 or 41, which	ever applies			45		0.
		Tax and Payments				Υ		
	•	tax credit (corporations attach Form 1118; true	sts attach Form 1116)	46a		-		
b	Other o	redits (see instructions)		46b		-	•	
C		l business credit. Attach Form 3800	• •	46c		-		
		or prior year minimum tax (attach Form 8801 c	or 8827)	46d				
е		redits. Add lines 46a through 46d	• • •	• •		46e		
47		ct line 46e from line 45	¬ ¬-	—	•	47		0.
48			Form 8611 Form 8697 Form	8866 Othe	(attach schedule)	48		
49		ax. Add lines 47 and 48 (see instructions)			- •	49		0.
50		et 965 tax liability paid from Form 965-A or For	rm 965-B, Part II, column (k), line 3	أيما		50	·.	<u> </u>
	-	nts: A 2018 overpayment credited to 2019		. 51a		- 1		
		stimated tax payments		51b		-		
		posited with Form 8868		51c		-		
		organizations: Tax paid or withheld at source ((see instructions)	51d		1 1		
		withholding (see instructions)		51e		1		
		for small employer health insurance premiums	1.0	$a \frac{51f}{4}$		1		
9		, , ,			1,490.	1.1		
		orm 4136 X Ot		FIGURE TATEMENT		52	1 4	90.
	•	ayments. Add lines 51a through 51g	•• • -	IAIEMENI	1	53	1,1	50.
		ted tax penalty (see instructions). Check if Form e. If line 52 is less than the total of lines 49, 50,		•	· . .	54		
				• •	10	155	1.4	90.
		yment. If line 52 is larger than the total of lines ne amount of line 55 you want; Credited to 202			efunded >	156		90.
Part	VI	Statements Regarding Certain /	Activities and Other Informa			11		
		time during the 2019 calendar year, did the org				-1	Yes	No
57		financial account (bank, securities, or other) in a				¥	1.00	1
		Form 114, Report of Foreign Bank and Financia						
	here	North 114, Report of Foreign Bank and Financia	ar Accounts. If 163, effect the hame of the	c loloigh country				X
E0		the tax year, did the organization receive a disti	ribution from or was it the granter of or	transferor to a fore	pinn trust?			X
58	-	see instructions for other forms the organization		iransicioi to, a tort	agn aust:	•		 -
59		ne amount of tax-exempt interest received or ac	· · · · · · · · · · · · · · · · · · ·					1
	To	nder panalties of person, I declare that I have examined t	this return. Including accompanying schedules and	d statements, and to the	e best of my knowle	dge and beli	of, it is true,	
Sign	C	orrect, and complete Declaration of preparer (other than	taxpayer) is based on all information of which prej	parer has any knowled	ge			
Here	· h	MB3/12/		•	iscuss this return v nown below (see	with		
		Signature of officer	Date PRESI			structions)?		No
		Print/Type preparer's name	Preparer's signature	Date		f PTIN		
		Finite type preparer 5 hame	i ropaisi a aigilaluis	Juio	self- employed	¨ ˙ ˙'' `		
Paid		KIM HAUMANN	KIM HAUMANN	10/08/20	Jon omployed	P00	0546491	
-		DIANTE C MODAN DIIC					-135795	1
Use	Only		RSIDE PLAZA, 9TH FI	OOR				
		Firm's address ► CHICAGO, II			Phone no. (312)	207-10	40
923711	01-27-20	The state of the s					orm 990-T	

FORM 990-T	OTHER CREDITS AND	PAYMENTS	STATEMENT 1
DESCRIPTION			AMOUNT
TAXABLE TRANSIT BENEFITS	1,490.		
TOTAL INCLUDED ON FORM 99	90-т, PAGE 2, PART	V, LINE 51G	1,490.