| 0811214 | 50 02/19/2020 4 09/PMCE | a me | ended Return - Se | ection 51 | 2 (a) (7) | R 29 3 | 93198 | D O | 6021 |
|----------------|--|-------------|--|----------------------------------|----------------------------|----------------------|----------------------|----------|--------------------------|
| Form | 990-T\ 38 | | Exempt Organization (and proxy | on Busines tax under se | s Income ction 6033 | e Tax Re (e)) | 7 | | 2018 |
| Depart | ment of the Treasury | For cale | endar year 2018 or other tax year beginning | | | | | Onen | to Public Inspection for |
| | al Revenue Service | ▶ Do | not enter SSN numbers on this for | | | | | | :)(3) Organizations Only |
| Δ | Check box if | | | box if name changed a | | | D Employer iden | | |
| BEX | address changed empt under section | | , , , , , , , , , , , , , , , , , , , | <u>፟</u> | 8-3279 | 1742_ | (Employees' trus | | |
| \overline{X} | - | Print | Ann Arbor Distr | rict Libr | arv | | 7 3420 | <u>口</u> | 118L |
| | 408(e) 220(e) | or | Number, street, and room or suite no. If a P | | | | **-** | ×97 | 82) |
| - | 408A 530(a) | Туре | 343 S 5th Avenu | · | | | E Unrelated busi | ness a | ctivity code |
| - | 529(a) | , , pc | City or town, state or province, country, a | | code | .,- | (See instruction | | |
| | | | Ann Arbor | | I 48104 | 1 | 90009 | 9 | |
| | ook value of all assets | F G | roup exemption number (See inst | | 1010 | • | 1 30003 | | |
| at | end of year 37 ∩19 199 | | heck organization type X | | 00 5 | 01(c) trust | 401(a) trust | | Other trust |
| ш г | | | ation's unrelated trades or busine | | | | | ucinos | |
| H E | | - | | | escribe the on | iy (or ilist) ur | | | y one, complete |
| _ | | | <u>lng Fringe Benefi</u> | | | | | | |
| | | | cribe the first in the blank space a | | revious sente | ice, complete | e Parts I and II, Co | inhiei | e |
| | | | rade or business, then complete | | | | | | Ves D No |
| I D | uring the tax year, was "Yes " enter the name | the con | poration a subsidiary in an affiliate ntifying number of the parent corr | ea group or a pare | ent-subsidiary | controlled gro | oup / | | Yes No |
| | res, enter the name | and ide | manying number of the parent corp | Jordan | | | | | |
| J TI | he books are in care of | F | Bill Cooper | | | Tele | phone number | 73 | 4-327-4517 |
| Pai | | | e or Business Income | | (A) | Income | (B) Expenses | | (C) Net |
| | · | | e of Business income | | | | (2) | | |
| | Gross receipts or sale | | - Polon | | 40 | | | | |
| | Less returns and allow | | c Balan | ~ F | 1c 2 | | | | |
| | Cost of goods sold (Se | | | / | 3 | | | | |
| | Gross profit Subtract | | 1 | | | | | | |
| | Capital gain net incom | | | \smile l \vdash | 4a | | | | |
| | | | line 17) (attach Form 4797) | · | 4b | | | | |
| | Capital loss deduction | | | - | 4c | | | | |
| | Income (loss) from partnership | | oration (attach statement) | - | 5 | | | - | |
| | Rent income (Schedul | • | | - | 6 | | -, - | \dashv | |
| | Unrelated debt-finance | | , | - | 7 | | | - | |
| | | | nts from controlled organization (Sche | | 8 | | | - | |
| | | | (c)(7), (9), or (17) organization (Sched | lule G) | 9 | | | | |
| | Exploited exempt activ | • | , , | - | 10 | | . 45 | | |
| 11 | Advertising income (S | chedule | J) | <u> </u> | 11 | | <u>.</u> ¥ | | |
| 12 | Other income (See ins | struction | s, attach schedule) | <u> </u> | 12 | • | | | , |
| | Total. Combine lines | | | | 13 | 0 | | | 0 |
| _~~ | deduction | s mus | t Taken Elsewhere (See in the directly connected with | nstructions for the unrelated | limitations business ir | on deduction (come.) | ons) (Except f | | intributions, |
| | · | ers, dire | ctors, and trustees (Schedule K) | | /CD | | - | 14 | |
| | Salaries and wages | | 1 | RECEI\ | / <u>ED</u> | | - | 15 | |
| | Repairs and maintena | nce | 1 | | [SS] | } | | 16 | , |
| | Bad debts | | e instructions) | ∯ MAY 2 0 | 2021 | 1 | - | 17 | |
| | Interest (attach sched | ule) (see | e instructions) | - """ د | 78 | 1 | <u> </u> | 18 | |
| | Taxes and licenses | | 1 | 0005 | LIIT | 1 | <u> </u> | 19 | |
| 20 🗲 | Charitable contributions (| See instru | ictions for limitation rules) | OGDE | y , 01 | ነ , | <u> </u> | 20 | |
| | Depreciation (attach F | | • | | | 21 | | | |
| 22 6 | Less depreciation clai | med on | Schedule A and elsewhere on ret | turn | | 22a | | 22b | 0 |
| 23 | Depletion | | | | | | - | 23 | |
| 24 - | Contributions to defer | red com | pensation plans | | | | . L | 24 | |
| 25 | Employee benefit prog | grams | | | | | ` L | 25 | |
| 26 | Excess exempt expen | ses (Sc | hedule I) | | | | L | 26 | |
| 27 | Excess readership cos | sts (Sch | edule J) | | | | L | 27 | |
| 28 | Other deductions (atta | ich sche | dule) | | | | L | 28 | ,_, |
| 29 | Total deductions. Ad | id lines | l4 through 28 | | | | | 29 | |
| 30 | | | come before net operating loss de | eduction Subtrac | line 29 from | ine 13 | | 30 | |
| 31 | | | ss arising in tax years beginning o | | | | Г | 31 | |
| 32 | · · | - | come Subtract line 31 from line 3 | | · · · · | | | 32 | |
| | | 4. | 4 11 4 4 1 - 4 4 - | | | | - | | Form 990-T (2018 |

| Form | <u> 1990-T (2018) Ann Arbor District Library **-***9782</u> | | Page 2 |
|-----------|---|---------------|---|
| Pa | art III Total Unrelated Business Taxable income | | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see | | |
| | instructions) ^ | 33 | |
| 34 | Amounts paid for disallowed fringes | 34 | |
| 35 | Deductions 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 | | |
| | of lines 33 and 34 | 36 | 0 |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | 1,000 |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | " | |
| 50 | enter the smaller of zero or line 36 | 38 | 0 |
| Pa | art 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 | 39 | ···· |
| | 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 |
| | art V Tax and Payments | 77 | |
| 45a | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a | | |
| | | 1 | |
| b | ` | | |
| C | ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | |
| d | , | 45- | |
| e 40 | Total credits. Add lines 45a through 45d | 45e | |
| 46 | Subtract line 45e from line 44 Other taxes | 46 | |
| 47 | Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att. sch.) | 47 | 0 |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | 48 | |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2 | 49 | |
| 50a | Payments A 2017 overpayment credited to 2018 | | |
| b | 2018 estimated tax payments 50b 1,901 | | |
| C | Tax deposited with Form 8868 | | |
| d | Foreign organizations Tax paid or withheld at source (see instructions) | 1 | |
| e | Backup withholding (see instructions) 50e | 1 | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | | |
| g | Other credits, adjustments, and payments Form 2439 | | |
| | Form 4136 X Other See Stmt 2 Total ▶ 50g 267 | | 0 160 |
| 51 | Total payments. Add lines 50a through 50g | 51 | 2,168 |
| 52 | Estimated tax penalty (see instructions) Check if Form 2220 is attached | 52 | |
| 53 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 | 0 |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 | 2,168 |
| <u>55</u> | Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ Refunded ▶ | 55 | 2,168 |
| Pa | Art VI Statements Regarding Certain Activities and Other Information (see instructions) | | |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file | | Yes No |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country | | |
| | here ▶ | | X |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus | st? | X |
| | 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 > \$ 242,010 | | |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 242,010 | | |
| | Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, | | |
| Sig | true, correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge | May | the IRS discuss this return the preparer shown below instructions)? |
| Her | re ► for Scland 5/11/2/ ► Executive Director | (see | |
| | Signapure of officer Date Title 4 | <u> </u> | X Yes No |
| | | Check If | PTIN |
| Paid | David R. Youngstrom 02/19/20 | self-employed | ***** |
| Prep | parer Firm's name Yeo & Yeo, P.C. | EIN Þ | **-***6146 |
| Use | Only 1450 Eisenhower Place | | |
| | Firm's address Ann Arbor, MI 48108-3283 Phone | no 73 | 4-769-1331 |
| | | | Form 990-T (2018) |

| | <u> 1990-T (2018) Ann A</u> | | | | | | **-* | **97 <u>8</u> 2 | | | P | age 3 |
|--------------|--|---|------------|--------------|---------|---|--|--|--|-------------------|----------|-------|
| <u>Sct</u> | edule A - Cost of Go | ods Sold. Enter | meth | od of inven | ntor | / valuation ▶ | | | | | | |
| 1 | Inventory at beginning of | year 1 | | | 6 | Inventory at end of y | /ear | | 6 | | | |
| 2 | Purchases | 2 | | | 7 | Cost of goods sold | I. Subtra | act | | | | |
| 3 | Cost of labor | 3 | | | 1 | ine 6 from line 5 Er | nter here | e and | | | | |
| 4a | Additional sec 263A costs | | | | 1 | n Part I, line 2 | | | 7 | | | |
| | (attach schedule) | 4a | | 1 : | | Do the rules of secti | on 263A | (with respect to | | | Yes | No |
| þ | Other costs | 4b | | | | property produced o | | • | | | | |
| 5 | (attach schedule) Total. Add lines 1 through | 1 | | | | to the organization? | | од тог тоод,о, дрргу | | | | |
| | edule C - Rent Inco | | roper | ty and Pe | | | | With Real Prope | rtv) | | ٠ | |
| | e instructions) | ino (i romi real i | .opc. | ty una i c | | nai i roporty za | | | ,,,, | | | |
| | cription of property | | | | _ | | | | | | | |
| (1) | N/A | | | | | <u>, </u> | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (4/ | | 2 Rent receiv | ed or accr | ued | | | | <u> </u> | | | | - |
| | (-) = | | 0 0 20 | | | | | | | | | |
| | (a) From personal property (if the for personal property is more the | · - | i | | | personal property (if the personal property exceeds | | | directly connected with the income | | | |
| | more than 50% | | | | | personal property exceeds pased on profit or income) | • | in columns 2(a) and 2(b) (attach schedule) | | 210) | | |
| | | , | | | | | | | | | | |
| (1) | | ., | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) T-1-1 | | | | | | | | | | | | |
| Total | | | _Total | | | | | (b) Total deduction | | | | |
| | otal income. Add totals of | | o) Enter | | | | | Enter here and on page Part I, line 6, column | | | | |
| | and on page 1, Part I, line | | | . / | | | | Fait i, line o, column | (0) | | | |
| SCI | edule E – Unrelated | Dept-Financed | incom | e (see instr | ucti | ons) | г — | | | | | |
| | | | | 2 G | ross II | ncome from or | 3. Deductions directly connected with or allocab | | | | to | |
| | 1. Description of debt- | financed property | | alioca | able to | debt-financed | | debt-financed property | | | | |
| | | | | | pr | operty | (a) S | Straight line depreciation | (b) Other deductions (attach schedule) | | | |
| | NI / D | | | | | | | (attach schedule) | | (attach sche | | |
| (1) | <u>N/A</u> | | | | | | _ | | + | | | |
| (2) | | | | ļ | | | <u> </u> | | | | | |
| <u>(3)</u> | | | | | | | | | ┿- | | | |
| <u>(4)</u> | | <u> </u> | | | | | | | + | | | |
| | 4 Amount of average acquisition debt on or | 5. Average adjusted of or allocable to | | | 6 (| Column | ٠., | · | - | 8 Allocable de | ductions | |
| | allocable to debt-financed | debt-financed prop | | ļ | | divided | | Gross income reportable column 2 x column 6) | | (column 6 x total | | ns |
| | property (attach schedule) | (attach schedule |) | | ру с | olumn 5 | <u> </u> | | | 3(a) and 3 | (D)) | |
| (1) | | | | | | % | | | | | | |
| (2) | | | | | | % | | | | | | |
| (3) | | | | | | % | | | | | | |
| (4) | | | | | | % | | | | | | |
| | | | | | | | Enter | here and on page 1, | En | ter here and | on pag | je 1, |
| | | | | | | | | I, line 7, column (A) | | art I, line 7, c | | |
| Tota | ls | | | | | > | | | | | | |
| Tota | l dividends-received dedu | uctions included in c | olumn 8 | | | | | | | | | |

| Schedule F - Interest, Annu | uities, Royal | ties, and Ren | its Fron | n Controli | ed Or | ganizati | ons (| see instruct | ions) | |
|-------------------------------------|---|---|----------------------------|--|------------------------------------|---|-----------------|--|-----------|---|
| | | | | ot Controlled | | | | | | |
| Name of controlled organization | ıde | 2. Employer entification number | 3 Net un | related income ee instructions) | 4 To | ital of specified | ļ | 5 Part of column included in the co | ntrolling | 6 Deductions directly connected with income in column 5 |
| (1) N/A | | _ | | | | | | | | |
| | | | | | | | \dashv | | | |
| (3) | | | ļ · · · | | | | _ | | | |
| (4) | | <u> </u> | | | | | | | | |
| Nonexempt Controlled Organiza | itions | · – | | | | | | | | <u> </u> |
| | | | | | | 40.0 | | 2,5 | | |
| 7 Taxable Income | ſ | . Net unrelated income oss) (see instructions) | ſ | 9 Total of specific payments mad | | ınclude | d in the | mn 9 that is controlling ross income | | Deductions directly inected with income in column 10 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | ļ | • | | | |
| | | | | | | Enter h | ere and | 5 and 10 on page 1, olumn (A) | Ente | ld columns 6 and 11 er here and on page 1, rt I, line 8, column (B) |
| Totals | | | | _ | <u> </u> | | | | | |
| Schedule G – Investment Ir | icome of a S | ection 501(c |)(7), (9) | , or (17) O | rganiz | ation (se | ee ins | structions) | | |
| 1. Description of income | ===== | 2 Amount of in | ncome | directly | ductions connected schedule) | | | Set-asides ich schedule) | | 5 Total deductions and set-asides (col 3 plus col 4) |
| (1) N/A | | | | | | | | | | _ |
| (2) | | | - | <u> </u> | | -+ | | · | | |
| (3) | | 1 | | 1 | | | | | | |
| (4) | | | | | | | - | | | |
| Totals | • | Enter here and o Part I, line 9, col | | | | | | | | ter here and on page 1, art I, line 9, column (B) |
| Schedule I - Exploited Exer | npt Activity | Income. Other | er Than | Advertisi | na Inc | ome (se | e ins | tructions) | | |
| | | | | | | | | T | | |
| 1 Description of exploited activity | 2 Gross unrelated business incom from trade or business | 3 Expen directi e connected productio unrelate business in | y d with on of ed | 4. Net income (i from unrelated to or business (coi 2 minus column if a gain, comp cots 5 through | rade lumn 1 3) oute | 5. Gross in from activit is not unre business in | y that lated | 6 Expe attributa colum | ble to | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) N/A | | | - | | -+ | | | + | | |
| (2) | | _ | + | | -+ | | | | | |
| (3) | · | | | | | | | + | | |
| (4) | | | | | | | | + | | |
| Totals • | Enter here and c page 1, Part I, line 10, col (A) | page 1, P | art I, | | k | | | | | Enter here and on page 1, Part II, line 26 |
| Schedule J – Advertising In | come (see in | structions) | | | | | | · | • | |
| Part I Income From P | | | Conso | lidated Ba | asis | | | | | |
| 1 Name of periodical | 2 Gross advertising income | 3. Direct advertising | ct | 4. Advertisin gain or (loss) (2 minus col 3 a gain, compu cols 5 through | g col) If ite | 5 Circula | | 6 Read | • | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) N/A | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Totals (carry to Part II, line (5)) | | | | | | | | | | |

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 | <u>line-by-line bas</u> | <u></u> | | | | |
|-----------------------------|--|--|---|----------------------|--------------------|---|
| 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) N/A | | | | | | |
| (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) | | <u> </u> | <u> </u> | | | <u> </u> |

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) N/A | | | % | |
| (2) | | | % | |
| (3) | | | % | |
| (4) | | | % | |
| Total. Enter here and | d on page 1 Part II line 14 · | | | • |

Form **990-T** (2018)

081121450 Ann Arbor District Library **-***9782

Federal Statements

FYE: 6/30/2019

Form 990-T - General Footnote

Description

Lines 34 and 36 were reduced from 12,958 to 0 due to the repeal of 512(a) (7). This reduced line 38 from 11,958 to 0. Lines 39, 44, 46, and 48 were . reduced from 2,511 to 0.

Line 50a was reduced from 379 to 0 because the 2017 return was amended due to the repeal of 512(a)(7).

Line 50g was increased from 0 to 267 for amounts paid with the original return.

Line 51 was reduced from 2,280 to 2,168 due to the amount of tax and penalties paid with the original return.

Line 52 was reduced from 36 to 0.

Line 53 was reduced from 267 to 0.

Line 55 was increased from 0 to 2,168 for a refund of tax paid with the original return due to the repeal of 512(a)(7).

081121450 Ann Arbor District Library
Federal Statements

FYE: 6/30/2019

2/19/2020 4:09 PM

| Statement 1 - For | n 990-T - Exp | lanation for | Amending |
|-------------------|---------------|--------------|----------|
|-------------------|---------------|--------------|----------|

Description

Section 512(a)(7) Repeal

Statement 2 - Form 990-T, Part IV, Line 50g - Other Credits and Payments

| | Description | Amount |
|--------------------|-------------|------------|
| Paid with Original | Return | \$ 267 |
| Total | | \$ 267 |

Form 990-T Return Summary

For calendar year 2018, or tax year beginning 07/01/18 , and ending 06/30/19

-*9782

Ann Arbor District Library

| Income | and deductions reflect Forn | n 990-T page 1 | |
|---|-----------------------------|---------------------------|----------|
| Income | | | |
| Gross profit | 0 | | |
| Capital gain / loss | 0 | | |
| All other income | | | |
| Total income | | <u> </u> | |
| Deductions | _ | | |
| Officer compensation | 0 | | |
| Salaries | 0 | | |
| All other deductions | | | |
| Total deductions | | | |
| Adjustments | | | |
| Income from additional activities | | | |
| Disallowed fringe benefits | | | |
| Net operating loss (prior to 2018) | | | |
| Specific deduction | 1,000 | (1 000) | |
| Total adjustments | | (1,000) | • |
| Unrelated business taxable income | | | 0 |
| Taxes / Credits / Payments | | | |
| Regular tax | | | |
| Other tax Proxy AMT Facilities Tax | | | |
| Foreign tax credit and other credits | | | |
| General business credits | | | |
| Prior year minimum tax credit | | | |
| Total nonrefundable credits | | | |
| Other taxes | | | |
| Total tax | | | |
| Estimated tax payments and Tax withheld | 1,901 | | |
| Paid with extension | | | |
| Other credits / payments | 267 | | |
| Estimated tax penalty | | | |
| Overpayment applied to next year's tax | | | |
| Payments / penalty / application | | <u>2,168</u> | |
| Net tax due | | , | 0 |
| Additions to Tax | | | |
| Interest on late payments | | | |
| Failure to file penalty | | | |
| Failure to pay penalty | | | |
| Total additions | | | |
| Balance due | | | |
| Refund | | | 2,168 |
| | | | |
| Next Year's Estimates | | Miscellaneous Information | |
| 1st quarter | Number o | of Sch M Units | |
| 2nd quarter | Amended | return | <u>X</u> |
| 3rd quarter | Return / e | extended due date $11/15$ | 5/19 |
| 4th quarter | _ | | |
| Total | | | |