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Form 990-T	Exemp	Ext ot Orga	cended to Ma nization Bus	ay] sine	17, 202 ss'inc o	21 ome T	ax Re	turn	L	OMB No 1545	-0047
Form OOO I	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))										
_	For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020						5	201	9		
7	Go to www.irs.gov/Form990T for instructions and the latest information										
Department of the Treasury Internal Revenug Service	► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Organizations Only										
A Check box if address changed	Name of or	rganization (Check box if name c	hanged	and see insti	ructions)			Employ (Emplo) (Instruc	ver identification yees' trust, see tions)	number
8 Exempt under section	Print The C	Communi	ty Library A	Ass	ociatio	on, Ir	ic.		82	2-029 <u>09</u>	44
X 501(c)(3 02		treet, and roon	n or suite no. If a P.O box	x, see II	nstructions					ed business acti structions)	vity code
- 408(e) 220(e)	Type PO Bo	\times 2168			_			_	•-	·	
408A 530(a)		n, state or pro	vince, country, and ZIP o	r foreig	n postal code				45		
C Book value of all assets at end of year	' 		per (See instructions)	▶							
24,762,6	79. G Check or	rganization typ	e 🕨 🗓 501(c) corp	ooratioi	າ 🔲 5	01(c) trust		401(a)	trust	Oth	er trust
H Enter the number of the	organization's unrela	ated trades or t	ousinesses.	1		Describe	the only (o	r fırst) unr	elated		
trade or business here	▶ Consignm	nent St	ore			If only one,	complete P	Parts I-V I	f more t	han one,	
describe the first in the b	lank space at the end	d of the previo	us sentence, complete Pa	rts I an	d II, complete	e a Schedule	M for each	additiona	l trade o	r	
business, then complete											
I During the tax year, was				nt-subs	idiary control	led group?		► L	Yes	X No	
If "Yes," enter the name a			t corporation						^^ -	106 240	
J The books are in care of									<u>08-7</u>	26-349	
	d Trade or Bu		ome	г -	(A) In	come	(B)	Expenses	/	/ (C) No	<u></u>
1a Gross receipts or sale		<u>87,107.</u>		١.	227	107				•	i
b Less returns and allow			c Balance	1c		,107. ,531.					
2 Cost of goods sold (S	•			2		,576.		/	+	116	576.
3 Gross profit Subtract		 D\		3	110	,5/0.	·			110,	370.
4a Capital gain net incon	•	•	4707)	4a					-		
b Net gain (loss) (Form		/) (aπacn Form	14/9/)	4b					-		
c Capital loss deduction 5 Income (loss) from a		corporation (a	Hack statement\	4c 5							
5 Income (loss) from a6 Rent income (Schedu	•	corporation (a	itach statement)	6					_		
7 Unrelated debt-finance	•	e F)		7							
	•		organization (Schedule F)	8							
			rganization (Schedule G)	9							
10 Exploited exempt acti			· ga	10							
11 Advertising income (S		',		1,3							
12 Other income (See in		hedule)	4	12			-	_			
13 Total. Combine lines	•			13	116	,576.				116,	576.
			e (See instructions fo			ductions)					
(Deductions	must be directly	connected w	th the unrelated busin	ess in	come)					_	
14 Compensation of off	icers, directors, and	trustees (Sche	dule K)					,	14		
15 Salaries and wages								,	15	49,	643.
16 Repairs and mainter	ance								16		
17 Bad debts									17		
18 Interest (attach sche	dule) (see instructio	ins)							18		
19 Taxes and licenses			MAY 1	n 2n				-	19	3,	332.
20 Depreciation (attach	•			20		20					
19 Taxes and licenses 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return MAY 1 0 2021								21b			
22 Depletion			OGDE	V. L	IT -			-	22		
23 Contributions to def		plans							23		000
24 Employee benefit pr	- /							-	24	ວ,	989.
25 Excess exempt expe	<i>y</i>							ł	25		
26 Excess readership co					900	s Q+s+	emen+	1	26 27	5.6	624.
27 Other deductions (attach schedule) See Statement 1						·	28		588.		
	 Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 					ŀ	29	110,	988.		
//			j ioss deduction. Subtrac ginning on or after Janua			•		}	29		550•
30 Deduction for net op (see instructions)	eraung 1055 drising I	III IAA YEAIS DE	ginning on or after Janua	ıy ı,∠(, 10				30		0.
(see instructions) 31 Unrelated business t	axable income. Subt	tract line 30 fro	m line 29					ŀ	31		988.
923701 01-27-20 LHA FO								ı	:-	Form 990 -	

١				
	The Community Library Association, Inc.		82-029	0944 Page 2
	Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	32	988.
33	Amounts paid for disallowed fringes		33	
	Charitable contributions (see instructions for limitation rules)	-	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of	f lines 32 and 33	35	988.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	_	36	
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7	37	988.
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8		1,000.
	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	0		
	enter the smaller of zero or line 37		39	0.
Part			_1_99_1	
	<u> </u>		140	0.
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)		40	
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from.	_		
	Tax rate schedule or Schedule D (Form 1041)		41	
	Proxy tax See instructions	•	42	
43	Alternative minimum tax (trusts only)		43	
	Tax on Noncompliant Facility Income. See instructions		44	
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
Part	▼ Tax and Payments			
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		_	
	Other credits (see instructions) 46b		_	
	General business credit Attach Form 3800 46c			
	Credit for prior year minimum tax (attach Form 8801 or 8827)		ا	
	Total credits Add lines 46a through 46d		46e	
47	Subtract line 46e from line 45		47	0.
		(attach schedule)	48	<u></u>
-	_ _	(allach schedule)	49	0.
	Total tax. Add lines 47 and 48 (see instructions)		 	0.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 Payments: A 2018 overnayment credited to 2019	2 210	50	<u> </u>
	Taylor distribution of the state of the stat	3,218.		
	2019 estimated tax payments	3,218.		
C	Tax deposited with Form 8868	1,700.	닠	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d		4	
е	Backup withholding (see instructions) 5 te			
f	Credit for small employer health insurance premiums (attach Form 8941) 5tf		_	
g	Other credits, adjustments, and payments: Form 2439		-	
•	Form 4136 Other Total > 51g			
52	Total payments Add lines 51a through 51g		52)	8,136.
	Estimated tax penalty (see instructions) Check if Form 2220 is attached		53	 _
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	•	54	
	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	10>	55	8,136.
		efunded	56	0.
Part			1 30 1	
		ictions)	<u> </u>	
	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country			
	here >			<u> </u>
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?		X
	If "Yes," see instructions for other forms the organization may have to file			j.
59	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	e best of my knowle	edge and belief, it is t	
ign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		faculties IDC electrons	har antique and
lere	Down Board Chair		May the IRS discuss t he preparer shown be	
	Signature of officer Date Title			Yes No
	Print/Type preparer's name Preparer's signature Date		if PTIN	
_	Win Hansandon			
Paid	hr: 1	self- employed	P0048	4560
•	arei	F		
Jse	Only Firm's name ► Eide Bailly LLP	Firm's EIN	45-02	30738
	800 Nicollet Mall, Ste. 1300]		CE 0.0
	Firm's address ► Minneapolis, MN 55402-7033	Phone no 6	<u> 512-253-</u>	
711 0	11-27-20		Form	990-T (2019)

Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory valuation N/A	<u> </u>	-	
1 Inventory at beginning of year	1	1 0 . 6 Inventory at end of year			6	0.
2 Purchases	2		7 Cost of goods sold Subtract line 6			
3 Cost of labor	3		from line 5. Enter here	<u></u>		
4a Additional section 263A costs			line 2		7	120,531.
(attach schedule)	4a		8 Do the rules of section	a 263A (with respect to		Yes No
b Other costs (attach schedule)	* 4b	120,531.	property produced or	acquired for resale) apply t	0	
5 Total Add lines 1 through 4b	5	120,531.	the organization?			X
Schedule C - Rent Income	(From Real	Property and	Personal Property I	_eased With Real I	Property)
(see instructions)				 		
1 Description of property						
(1)						
(2)						-
(3)						
(4)						
	2. Rent receiv	ed or accrued		O(a) Dartustians	d	atad with the reserve
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for pe	d personal property (if the percentersonal property exceeds 50% or if is based on profit or income)	age 3(a) Deductions column	s 2(a) and 2(b) (cted with the income in attach schedule)
(1)		-				
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter		(b) Total deducti Enter here and on pa Part I, line 6, column	ge 1,	0.
Schedule E - Unrelated Del		Income (see)	nstructions)	O . Part I, line 6, column	(B)	<u> </u>
	-		•	3. Deductions direct		
_			2 Gross income from or allocable to debt-	(a) Straight line deprecial	t-financed prop	(b) Other deductions
1. Description of debt-fi	nanced property		financed property	(attach schedule)		(attach schedule)
				ļ		
(1)						
(2)			-			
(3)						
(4)	T					
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to nced property n 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))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
				Enter here and on page Part I, line 7, column (A		Enter here and on page 1, Part I, line 7, column (B)
				I	_	
Totals			•		0.	0.

See Statement 2

Page 4

Part II Income From Perio	dicals Reporte	ed on a Separ	rate Basis (For ear	ch periodical lister	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)					-	
(2)						
(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 26
Totals, Part II (lines 1-5)	0.	0.	1. * 1.			0.
Schedule K - Compensation	n of Officers, D	Directors, and	i Trustees (see in	structions)		
1 Name			2 Title	3 Percei time devot busines	ed to 4. Co	mpensation attributable unrelated business
(1)				<u> </u>	%	
(2)			<u>, </u>		%	
(3)					%	
(4)					%	<u> </u>
Total Enter here and on page 1, Part II, In	ine 14	-			>	0.

Form **990-T** (2019)

Total Enter here and on page 1, Part II, line 14

Form 990-T	Other Deductions	Statement 1
Descripțion		Amount
Advertising Occupancy Staff Development Bank/Merchant Fees Information Techno Office Expenses Professional Fees		4,604. 39,153. 1,090. 7,716. 1,019. 2,367. 675.
Total to Form 990	-T, Page 1, line 27	56,624.
Form 990-T	Cost of Goods Sold - Other Costs	Statement 2
Description		Amount
Consignment Commis	ssions	120,531.
Total to Form 990	-T, Schedule A, line 4b	120,531.