_ (Exempt Organization Business Income Tax Return										
Form ¶		(and proxy tax under section 6033(e))										
Departm	For calendar year 2012 or other tax year begin	-	July 1 ee separate instr	, 2012, and		(O) pen (c)	Public Inspection	on for				
Control of the Control of the Control	Revenue Service ending June 30 , 20 13 .		Open to Public Inspection for 501(c)(3) Organizations Only									
A a	Check box if address changed Name of organization (Check box if name changed			entification num								
-	pt under section Print Public Library Association of Annapolis an	(Emb	ioyees u	rust, see instruction	ons.)							
-	O1(c)(3) or Number, street, and room or suite no. If a P.O. box,	F		001871								
-	D8(e) 220(e) Type 5 Harry S Truman Parkway		iated bus instruction	siness activity co	odes							
100	DBA 530(a) City or town, state, and ZIP code	(!								
	29(a) Annapolis, MD 21401-7042				56	1439	i					
at en	value of all assets d of year		n	trust F	1 404/-	N about and						
Ш D-] 401(a) trust	Other t	rust				
H De	escribe the organization's primary unrelated business activity.	Faxi	na Service for the	e Public				N				
	iring the tax year, was the corporation a subsidiary in an affiliated grou		······································	y controlled g	roup? .	. 🏲	∐ Yes ☑	No				
	'Yes," enter the name and identifying number of the parent corporation backs are in care of	ion. 🕨		h								
Pari	e books are in care of Scott Sedmak Unrelated Trade or Business Income	т Т	(A) Income	hone numbe		410-222-7371 penses (C) Net						
The second second			(A) Income	(6) E.	xpenses		(C) Net					
1a b	Gross receipts or sales Less returns and allowances 17057 C Balance ▶	10										
2	Cost of goods sold (Schedule A, line 7)	1c	17057					Aldinistin Secularis				
3	Gross profit. Subtract line 2 from line 1c	3	0			CARON PAR GUDAN		24000				
a 4a	Capital gain net income (attach Schedule D)	4a	17057									
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a 4b										
b	The state of the s	4b			Majolilet (je Paronci s	161757 States						
с 5	Capital loss deduction for trusts	5		Important Anno 1985								
6	Rent income (Schedule C)	6										
7	100 200 100 100 100 100 100 100 100 100	7				-						
8	Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from controlled											
0	organizations (Schedule F)	8			8							
9	Investment income of a section 501(c)(7), (9), or (17)					_						
9	organization (Schedule G)	9										
10	Exploited exempt activity income (Schedule I)	10										
11	Advertising income (Schedule J)	11				-						
12	Other income (see instructions; attach statement)	12				iskožiji.						
13		13		METRICLES ACCION								
Pari			17057	ctions) (avo	ent for	contrib	17057					
RECIR	deductions must be directly connected with the unrelate			MIONS) (GYCE	spr ior i	JOHUIL	Julions,					
14	Compensation of officers, directors, and trustees (Schedule K)				т	14		_				
15	Salaries and wages				-	15						
16	Repairs and maintenance					16	5488					
17	Bad debts				<u> </u>	17						
18	Interest (attach statement)					18						
19	Taxes and licenses					19						
20	Charitable contributions (see instructions for limitation rules)					20						
21	Depreciation (attach Form 4562)		(3)		1							
22	Less depreciation claimed on Schedule A and elsewhere on re	eturn	222			22b						
23	Depletion					23						
24	Contributions to deferred compensation plans					24						
25	Employee benefit programs					25	4500					
26	Excess exempt expenses (Schedule I)			• (0•) 10•) (1•)	•	26	1538					
27	Excess readership costs (Schedule J)					27						
28	Other deductions (attach statement)					28						
29	Total deductions. Add lines 14 through 28					29						
30	Unrelated business taxable income before net operating loss d				L	30	7026					
31	Net operating loss deduction (limited to the amount on line 30					31	10031	No contract				
32	Unrelated business taxable income before specific deduction.					32	0					
33	Specific deduction (generally \$1,000, but see line 33 instruction					33	10031					
34	Unrelated business taxable income. Subtract line 33 from I					00	1000					
1.000	enter the smaller of zero or line 32					34	9031					

Part I	Tax	v Computation				-							age Z
		x Computation	/		······································			1 0			T. Sound ST		
35	Organiza	ations taxable as corpor	ations (Se	e instruc	ctions to	r tax	computatio	on). Ci	ontrolled gr	oup			
		s (sections 1561 and 1563)						8 80	5 4				
		ur share of the \$50,000, \$2		d \$9,925,			ncome brac	kets (ii	n that order)	:			
	(1) \$	(2)				3) \$				ř			
		ganization's share of: (1) Ad						\$					
		ional 3% tax (not more tha						\$					
		ax on the amount on line 3									35c	1355	
		taxable at trust rates								on	15 14 15 15 E		1
	the amou	unt on line 34 from: 🗌 Tax	rate sche	dule or [Sche	dule	D (Form 104	11) .			36		
37	Proxy ta	x (see instructions)									37		
38	Alternati	ve minimum tax							4 4 4 4		38		
		dd lines 37 and 38 to line 3									39	1355	9),
Part I	V Ta	x and Payments										1333	
		ax credit (corporations attach	1 Form 111	8; trusts a	ttach Fo	rm 11	16) .	40a					
		edits (see instructions)						40b					
		business credit. Attach For						40c					
		or prior year minimum tax (a						40d			-		
		edits. Add lines 40a through									40e		
		: line 40e from line 39 .									41	constant Section	
42	Othertex	es. Check if from: Form 42	 EE	 остт П г	· · · ·	ri.		 Odbar (si				1355	
									itach statemen	.).	42		
		x. Add lines 41 and 42 .							SAN SAN SAN SAN	1	43	1355	
		ts: A 2011 overpayment cr						44a					
		timated tax payments .						44b		-	-		
c		osited with Form 8868 .						44c		<u> </u>			
d		organizations: Tax paid or						44d					
е		withholding (see instruction						44e					
f		or small employer health ins			Attach F	orm	8941) .	44f		ļ			
g		edits and payments:	Form 2				_						
	☐ Form		☐ Other	-			Total ▶	44g					
45		yments. Add lines 44a thr									45	0	
46		ed tax penalty (see instruct									46		
47		. If line 45 is less than the									47	1355	
48	Overpay	yment. If line 45 is larger th	nan the tot	al of lines	43 and	46, 6	enter amour	it over	paid		48		
49	the same of the sa	amount of line 48 you want: C				2010			Refunde	19/0	49		
Part	V St	atements Regarding C	ertain Ac	ctivities	and Ot	her l	nformatio	n (see	instructions	s)			
1	At any	time during the 2012	calendar	year, di	d the	orgai	nization ha	ve an	interest in	n or	a signature	Yes	No
		er authority over a f											
	If "Yes	," the organization ma	y have	to file	Form	TD	F 90-22.1	, Rep	ort of Fo	reigr	Bank and	t l	
	Financia	al Accounts. If "Yes," enter	the name	of the for	eign co	untry	here ▶					17 ELIMINATURE	1
2	During th	ne tax year, did the organization	on receive a	distribution	on from,	or wa	s it the granto	or of, or	transferor to	, a foi	eign trust? .		1
	If "Yes,"	see instructions for other	forms the	organizat	ion may	have	e to file.						
3	Enter th	e amount of tax-exempt in	terest rece	eived or a	ccrued	durin	g the tax ye	ar ▶	\$				
Sche		-Cost of Goods Sold. E						1000				A RELIGIOUS	1
1		y at beginning of year	1					end o	fyear		6		
2	Purchas		2				•		sold. Sub		14 1 1 1 2 2 2 2 2		<u> </u>
3		labor	3				_		Enter here				
4a		nal section 263A costs									7		
		statement)	4a								th respect to	Yes	No
b	385	osts (attach statement)	4b		\vdash						resale) appl		1200
5		Add lines 1 through 4b	5								· · · ·	y militin	
		enapties of perjury, I declare that I have		nis return inc	luding acco	mnanı	ing schedules a	nd state	ments, and to the	heet	of my knowledge s	and heliaf	it is true
Sign		and complete. Declaration of prepare	r (other than to	axpayer) is ba	ased on all	informa	ation of which pr	eparer ha	as any knowledg	e.			
Here	I BA	1/1/1		1	1/12/-				.w 179 		May the IRS of with the preparation		
HEIG		ire of officer	-		13113		Chief Financ	cial Off	icer		(see instruction		
S		V					tle		I D. L.			Date	
Paid		Print/Type preparer's name		reparer's	s signature	*			Date		heck if	PTIN	
Prep	arer									S	elf-employed		
Use	Only	Firm's name ▶								F	irm's EIN ▶		
17-	•	Firm's address ►								Р	hone no.		

Form 990-T (2012) Schedule C—Rent Income	(Erom Do	l Droi	ody on	d Darson	al Dranashi I		and Mills Deal Deal	Page 3		
(see instructions)	e (FIOIII Nea	ai Pi O	berty and	u Persona	ai Property i	Leas	sed with Real Prop	perty)		
1. Description of property										
(1)										
(2)			U ST. B. ALL WELL			-				
(3)						West Committee				
(4)								-		
	2. Rent receive	ed or acc	rued			T				
(a) From personal property (if the per- for personal property is more than more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)					3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)				
(4)						-				
(1)						+				
(2)						+				
(3)				0		+				
(4) T-4-1						+				
Total	1	Total			·	- (1	b) Total deductions.			
(c) Total income. Add totals of co							inter here and on page 1			
here and on page 1, Part I, line 6, Schedule E—Unrelated D	column (A) .		/			_ L F	art I, line 6, column (B)	<u> </u>		
Scriedule E—Offreiated D	ept-rinance	ea inc	ome (see	nstruction	ns)		2 Doductions directly seen	seated with a sufficient to		
1 Description of de	bt financed pres	orti.			income from or		Deductions directly confidebt-finance			
1. Description of de	Di-ilitariced prop	erty		allocable to debt-financed property			Straight line depreciation	(b) Other deductions		
							(attach statement)	(attach statement)		
(1)										
(2)										
(3)										
(4)										
acquisition debt on or of or allocable to debt-financed debt-fin		ge adjusted basis r allocable to nanced property ch statement)		6. Column 4 divided by column 5			Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))		
(1)				1	%					
(2)				%						
(3)			****	%						
(4)					%					
Totals	tions included	in colur	nn 8				er here and on page 1, rt I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).		
Schedule F-Interest, Ann				te From (Controlled O	raai		ntin and		
Concade I Interest, Ain	luities, Hoya	iities,	Evemnt	Controlled	Organizations	yaı	ilizations (see instru	ctions)		
Name of controlled organization dentification 2. Emploidentification					income 4. Total of specific		5. Part of column 4 that is included in the controlling organization's gross incom	connected with income		
(1)										
(2)										
(3)										
(4)	200									
Nonexempt Controlled Organi	izations				L.					
		-				T	10.00.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	T		
7. Taxable Income 8. Net unrelated income (loss) (see instructions)		Total of specified payments made			 Part of column 9 that is included in the controlling organization's gross incom 	connected with income in				
(1)										
(2)										
(3)										
(4)										
							Add columns 5 and 10. Enter here and on page 1 Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).		

Schedule G-Investment Inco	me of a Section	501(c)(7), (9),	or (17) Organi	zation (see inst	truction	s)	Page 4	
1. Description of income	2. Amount of inco		3. Deductions directly connected (attach statement)		4. Set-aside (attach statem	s	5. To and s	otal deductions set-asides (col. 3 plus col. 4)	
(1)								Part in Cartino	
(2)									
(3)									
(4)									
Tarab	Enter here and on p Part I, line 9, colur	oage 1, nn (A).					Enter he Part I, li	re and on page 1, ne 9, column (B).	
Totals									
Schedule I—Exploited Exemp	t Activity Incom	e, Oth	er Than	Advertising Ir	come (see inst	ruction	s)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	is not unrelated att		penses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)						-			
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I,), col. (B).					Enter here and on page 1, Part II, line 26.	
Schedule J—Advertising Inco	me (see instruction	ns)					-		
Part I Income From Perio	dicais Reported	on a	Consoli	dated Basis	·				
1. Name of periodical	2. Gross advertising income		Direct sing 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)						-		UCC INSPERATIONAL STATES THANKS	
(2)									
(3)			-						
(4)									
(1)									
Totals (carry to Part II, line (5))	I								
Part II Income From Period through 7 on a line-by	dicals Reported	on a	Separat	t e Basis (For ea	L ch periodical list	l ted in P	art II, fill	in columns 2	
1. Name of periodical	2. Gross advertising income		Direct sing 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)								<u> </u>	
(2)									
(3)						 		-	
(4)						-			
Totals from Part I					l Osobodejski produktara	L 554555-05400	LORGINA SPECIAL SOCI		
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, 1, col. (B).					Enter here and on page 1, Part II, line 27.	
Schedule K—Compensation		ctors	and Tru	stees (see instr	uctions)				
1. Name				2. Title	3. Percent of time devoted the business		Compensation attributable unrelated business		
(1)						2	-		
(2)						%			
(3)			-			%			
(4)						%			
	I line 14	l				%			
Total. Enter here and on page 1, Part I	ı, iine 14								