6	Exempt Organization Business Income Tax Return								B No. 1545-0687)
Form 🖷	90-T	(and proxy tax under section 6033(e))								
	For calendar year 2014 or other tax year beginning July 1 , 2014, and ending June 30 , 20 15									
Departme	epartment of the Treasury ▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.									
***	evenue Service		not enter SSN numbers on this form as it may be		Open to 501(c)(3	Public Inspection Organizations (n for Only			
∧ □ CI	neck box if ddress changed		Name of organization (Check box if name cha	D Emp		entification num				
	t under section	-	Public Library Association of Annapolis and	1 AA C	County Inc		(Emp	loyees' ti	rust, see instructio	ns.)
gaments.	(c)(3)	Print	Number, street, and room or suite no. If a P.O. box,					52-6	6001871	
	B(e) 220(e)	Type	5 Harry S Truman Parkway				E Unre		siness activity co	des
☐ 408	27 %	Type	City or town, state or province, country, and ZIP or f	oreign	postal code		(See	instructi	ons.)	
529	10808		Annapolis, MD 21401-7042				56	1439	l	
	value of all assets I of year	F Gr	oup exemption number (See instructions.)	>				1300		
at end	of year		neck organization type √ 501(c) corp		n 501(c) t	rust	7 401(a) trust	☐ Other to	rust
H De	scribe the orga		n's primary unrelated business activity.					1		
			e corporation a subsidiary in an affiliated grou				aroup?		□ Yes ☑	No
			nd identifying number of the parent corporat		33		,		ш . •• с	
-	e books are in					hone numb	oer ▶			
			le or Business Income		(A) Income		xpenses		(C) Net	
	Gross receipt					子拉来				
b	Less returns and			1c	31720					
2			Schedule A, line 7)	2	31720		4			
3			t line 2 from line 1c	3	31720	17-1		Burkey Co.	WALTER STREET,	United In
4a			me (attach Schedule D)	4a	31720	E A				
b			4797, Part II, line 17) (attach Form 4797)	4b						
C			on for trusts	4c						
5	27		nerships and S corporations (attach statement)	5					-	
6			ule C)	6		220000000000000000000000000000000000000	940000005800	DOMESTICAL STREET		-
				7						
8										
			and the street of the street o	8				_		
9			ection 501(c)(7), (9), or (17) organization (Schedule G)					99 <u>- 9-</u> V		
10			tivity income (Schedule I)	10				-		
11			Schedule J)	11		096001784666	BREAKET MORDER	notosano.		
12		ALL TO STATE OF THE STATE OF TH	structions; attach schedule)	12		Sent Ball				
13			s 3 through 12	13	31720) /E			31720	
Part			t Taken Elsewhere (See instructions fo			tions.) (Ex	cept to	r contr	ibutions,	
			t be directly connected with the unrelate		siness income.)			44		
14	A THE RESIDENCE OF THE PARTY OF		icers, directors, and trustees (Schedule K)					14		
15	Salaries and	0		•			*	15	11657	
16	Repairs and							16	759	
17	Bad debts						-	17		
18			dule)					18		
19								19		
20			ions (See instructions for limitation rules)				1 1	20		
21			Form 4562)							
22	The state of the s		aimed on Schedule A and elsewhere on re					22b		
23							-	23		
24	Contributions to deferred compensation plans							24		
25			ograms					25	3268	
26			enses (Schedule I)					26		
27			costs (Schedule J)					27		
28			ttach schedule)					28	9586	
29			Add lines 14 through 28					29	25270	
30			taxable income before net operating loss d					30	6450	
31			deduction (limited to the amount on line 30					31	0	
32			taxable income before specific deduction					32	6450	
33	33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)								1000	

Form	990-T	(201	4)

-			5
P	ad	10	1

Part I		x Computation							-			
35	Organiz	ations Taxable as Corpo	rations. S	ee instruc	tions for ta	ax computat	ion. C	ontrolled group	5	diei l		Г
	member	s (sections 1561 and 1563)	check her	e ▶ 🗆 S	See instru	ctions and:						
а		ur share of the \$50,000, \$2					kets (i	n that order).				
	(1) \$	(2)			(3) \$		1,010 (1	l liar oracij.	1			
b		ganization's share of: (1) A		% tax (not			\$			-3		
_		tional 3% tax (not more that					\$		-			
C		tax on the amount on line 3							-			
36	Truete	Taxable at Trust Rate	94 95 Soo i	netruotion	o for tox	, computati	on le			35c	818	-
	the amo	unt on line 34 from:	roto cobo	dula or \square	S IUI Lax	D (Farm 10)	OII. II	icome tax or	1 1	12/13/2		
									-	36		
37		ax. See instructions							-	37		
38	Aiternati	ve minimum tax		* * * *	e e e e	965 3 X X	* *	* * * * *	-	38		
39	I otal. A	dd lines 37 and 38 to line 3	5c or 36, v	vhichever a	applies .	505 St. 31 . 41		N 4 2 2 2		39	818	
-		x and Payments										
40a		ax credit (corporations attacl					40a					
b		edits (see instructions) .					40b					
С		business credit. Attach Fo					40c					
d		or prior year minimum tax (a					40d					
е		edits. Add lines 40a throug					4 4			40e		
41	Subtrac	t line 40e from line 39 .								41	818	
42	Other tax	es. Check if from: Form 42	55 🗌 Form	8611 🗌 For	m 8697 🗌	Form 8866 🔲	Other (a	ttach schedule).		42		
43	Total ta	x. Add lines 41 and 42 .								43	818	
44a	Paymen	ts: A 2013 overpayment cr	edited to 2	014 .		e se se s	44a		7		0.0	1
b	2014 es	timated tax payments .				a 140 545 14	44b			12.0		į.
С							44c					
d	Tax deposited with Form 8868											
е	Backup withholding (see instructions)											
f	Credit for small employer health insurance premiums (Attach Form 8941) . 44f											
g		edits and payments:		439		10041).	7.11					
3	Form		Other			— Total ▶	44g		- 1			1
45		ayments. Add lines 44a thr							-	45		
46	Estimate	ed tax penalty (see instruct	ions) Cher	k if Form	 2220 ic att	ached			¬ ŀ		0	4
47	7 Tay due If line 45 is less than the total of lines 42 and 46 enter array and									+		
48									6			
49	0 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								+			
Part		atements Regarding C				Informatio	12 (000		>	49		
									560		- W	T NI
1	At any t	ime during the 2014 calend	ar year, a	a the orga	inization h	ave an intere	st in o	r a signature or	oti	ner authorit	y Yes	No
	FinCEN	inancial account (bank, se	ion Book o	other) in a	a toreign c	ountry? If YE	=5, the	organization r	nay	have to fil	е	
	here ▶	Form 114, Report of Fore	igii balik a	illa Fillanc	iai Accour	its. Il 1E5, e	nter tr	e name of the	tore	eign countr	У	
0		a tayyaa alid tha are a list		-11 - 1 - 11								1
2	During tr	ne tax year, did the organization	on receive a	distribution	from, or wa	as it the granto	or of, or	transferor to, a f	ore	ign trust? .		✓
0		see instructions for other for						940				
3	Enter th	e amount of tax-exempt in	terest rece	ived or acc	crued durin	ng the tax ye	ar ▶	\$				制制制造
		-Cost of Goods Sold. E		od of inv								
1		ry at beginning of year	1		6			ofyear		6		
2	Purchas		2		7			sold. Subtract		1 - 11		
3		labor	3					Enter here an	d			
4a		nal section 263A costs				in Part I, line	e2.			7		
	(attach	schedule)	4a		8	Do the rule	es of s	section 263A (with	respect t	o Yes	No
b	Other c	osts (attach schedule)	4b			property pr	oduce	d or acquired f	or r	resale) app	ly	自動性
_ 5		Add lines 1 through 4b	5			to the organ	nizatio	n?			in management	ALL CHECKS
0:	Under	penalties of perjury, I declare that Li	ave examined	this return, inc	cluding accom	panying schedule	s and st	atements, and to the	bes	t of my knowle	dge and b	elief, it is
Sign	l true, co	preet, and complete. Declaration of p	reparer (other)	nan taxpayer)	is based on all	information of wh	nich prep	arer has any knowled	lge.	May the IRS	discuss thi	s return
Here	e / //	1		1111	IN/IK	Chief Fina	ncial 0	fficer	_	with the prep	arer shown	n below
	Şiğrlatı	ure of officer		Date	1	Title		-		(see instruction	ns)? [Yes	š ∐No
Paid		Print/Type preparer's name		Preparer's s	ignature			Date			PTIN	
	arer			WW NO OF BOA BEEN	and the second s					eck if f-employed	made76	
2000		Firm's name ▶								n's EIN ▶		
use	Only	Firm's address ▶	***************************************							one no.		
Property and the same of									1 110			

(see instructions)									
. Description of property									
1)									
2)									
3)									
(4)							**************************************		
	2. Rent received	or acci	rued	THE REAL PROPERTY.					
(a) From personal property (if the per for personal property is more than more than 50%)	percer	From real and personal property (if the ntage of rent for personal property exceeds 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 schedule)			
(1)						+			
(2)									
(3)						+			
(4)				-0					
Total		Total							
(c) Total income. Add totals of chere and on page 1, Part I, line 6, Schedule E—Unrelated D		instruction	ns)		- (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶				
					ncome from or		3. Deductions directly con		
1. Description of d	1. Description of debt-financed property			allocable t	o debt-financed roperty	(a	debt-financ) Straight line depreciation (attach schedule)	ed property (b) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)									
Armount 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)		to operty	6. Column 4 divided by column 5		7	. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))	
(1)					%				
(2)				%		-			
(3)				%		+			
(4)					%	-			
Totals						P	nter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1 Part I, line 7, column (B)	
Total dividends-received deduc	ctions included in	n colur	nn 8			_			
Schedule F-Interest, An								otiona)	
odriedale i litterest, Ali	nuities, noya	ities,					anizations (see institu	Cuons)	
Name of controlled organization	2. Employe identification n		3. Net unrel	related income e instructions) 4. Total of specific payments made		ified	5. Part of column 4 that is included in the controlling organization's gross incom	connected with income	
(1)									
(2)									
(3)									
(4)			<u> </u>						
Nonexempt Controlled Organ	nizations	_							
	1								
7. Taxable Income		unrelated income (see instructions)		Total of specified payments made			Part of column 9 that included in the controlling organization's gross incorporation.	g connected with income in	
(1)									
(2)			- 9						
(3)				l la					
(4)									
	***************************************				100		Add columns 5 and 10.	Add columns 6 and 11.	

1. Description of income 1) 2) 3)				Doducti		ructions			
2)	2. Amount of inco	2. Amount of income 3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule)				and se	5. Total deductions and set-asides (col. 3 plus col. 4)		
3)							· · · · ·		
3)									
<u> </u>									
	Enter here and on p Part I, line 9, colum	page 1,					Enter here and on page 1 Part I, line 9, column (B).		
otals								(-).	
Schedule I—Exploited Exempt	Activity Income	Othor	Thon	Advortioine la		開始語言	1		
renedate I—Exploited Exempt	Activity income	, outer	Inan	Advertising in	come (see instr	ructions	3)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe direc connecte producti unrela business i	tly d with ion of ted	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5		7. Excess exemp expenses (column 6 minus column 5, but no more than column 4).	
1)									
2)									
3)									
4)			-						
9	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, line 10, c	Part I,					Enter here and on page 1,	
Totals		mic 10, C	οι. (D).					Part II, line 26.	
Schedule J-Advertising Incon	70 ()	-1		114647232253100	RECEIVED FEBRUARY	0.000	HALLES		
Scriedule J—Advertising Incon	ne (see instruction	is)							
Part I Income From Period	licals Reported	on a Co	onsoli	dated Basis					
1. Name of periodical	of periodical 2. Gross advertising income adve		ect g 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 readersh costs (column 6 minus column 5, b not more than column 4).	
1)									
2)									
3)									
4)									
*)									
Part II Income From Period 2 through 7 on a line-	dicals Reported	on a Se	eparat		ach periodical I	isted ir	n Part II,	fill in column	
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 readersh costs (column 6 minus column 5, b not more than column 4).	
							On House		
(1)									
1)		L		1					
(2)									
(2)									
(2) (3) (4)				(中的) (15.1 高速等量为) (15.2 至 15.1 15.1 15.1 15.1 15.1 15.1 15.1 15		- Secretaria valuor	JULI J. 165071 2012		
(2)	>								
2) (3) (4) Totals from Part I	Enter here and on page 1, Part I, line 11, col. (A).	Enter here page 1, line 11, o	Part I,					Enter here and on page 1, Part II, line 27.	
2) 3) 4) Totals from Part I	page 1, Part I, line 11, col. (A).	page 1, line 11, o	Part I, col. (B).			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		on page 1,	
2) (3) (4) Totals from Part I	page 1, Part I, line 11, col. (A).	page 1, line 11, o	Part I, col. (B).	stees (see instru	3. Percent of time devoted t			on page 1, Part II, line 27.	
2) 3) (4) Totals from Part I	page 1, Part I, line 11, col. (A).	page 1, line 11, o	Part I, col. (B).		3. Percent of time devoted t business	00		on page 1, Part II, line 27.	
2) 3) (4) Totals from Part I	page 1, Part I, line 11, col. (A).	page 1, line 11, o	Part I, col. (B).		3. Percent of time devoted t business			on page 1, Part II, line 27.	
2) 3) 3 4 1 1 1 1 1 1	page 1, Part I, line 11, col. (A).	page 1, line 11, o	Part I, col. (B).		3. Percent of time devoted t business	00		on page 1, Part II, line 27.	
2) 3) (4) Totals from Part I	page 1, Part I, line 11, col. (A).	page 1, line 11, o	Part I, col. (B).		3. Percent of time devoted the business	%		on page 1, Part II, line 27.	

Form 990T

Line Number: Part II Line 28

Public Library Association of Annapolis and AA County Inc 52-6001871

Other Deductions:

Description	Expense
Telecommunications Fees	5,753
Fax Vending Equipment Fees	1,878
Fax Self Service Equipment Fees	1,955
Total	9,586