31

Amiended Return-Section 512 Cax > Repeal

	<u></u>	. 4	Exempt Organization Business Income Tax	Returi	, <u> </u>	OMB No 1545-06	687
	Form	990-T	(and proxy tax under section 6033(e))	1906		2018	•
			For calendar year 2018 or other tax year beginning July 1 , 2018, and ending June	e 30 , 20	19 .	<u> </u>	•
		ent of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest inform		Ope	en to Public Inspect	tion fo
		Revenue Service	> Do not enter SSN numbers on this form as it may be made public if your organization	on is a 501	(c)(3). 501	(c)(3) Organization	s Only
	A D a	heck box if ddress changed	Name of organization (			r identification nu es' trust, see instruc	
	_ `	pt under section	Print Accounting Aid Society				J. (10/15 )
	_	11( c )( 3 )	or Number, street, and room or suite no. If a P.O. box, see instructions			23-7310753	
	∐ 40		Type 3031 West Grand Blvd Suite 470		(See instr	l business activity ructions)	code
	∐ 40	_ ,,	City or town, state or province, country, and ZIP or foreign postal code				
	G Book	(9(a)	Detroit, MI 48202				
	at en	yalue of all assets d of year	F Group exemption number (See instructions.) ►  C Check exemption type ► [7] 501(c) exemption □ 501(c) type		401/a\ tru	et C Other	truci
	u c.	* a . * b	G Check organization type ► 7 501(c) corporation 501(c) true		401(a) tru	<del></del>	
			of the organization's unrelated trades or businesses.		•	(or first) unrelat	
		de or business	here ► If only one, complete Paspace at the end of the previous sentence, complete Parts I and II, comp				
			then complete Parts III-V.	Jiele a S	criedule ivi	i for each addi	Itiona
			was the corporation a subsidiary in an affiliated group or a parent-subsidiary co	ntrolled a	roup?	N T Vas T	l No
			name and identifying number of the parent corporation.	ntroned g	oup,	► □ Tes □	] 140
		e books are in		e numbe	r <b>b</b>	-	
			Trade or Business Income (A) Income		penses	(C) Net	
		Gross receipts			THE PARTY OF THE		24.20
		Less returns and					7.50
	2		sold (Schedule A, line 7)		7.33	STATE OF THE PARTY	177
	3	_	ubtract line 2 from line 1c . ( )	HE SHOP	31132 B.F.S	11-1-14-1-1	
3	4a	*	et income (attach Schedule D)	7 77 7 7 7	epiana kiping		
3	b		(Form 4797, Part II, line 17) (attach Form 4797)	SEE X 1	司為計 海底		
כי	C			11000	NAT REC		
7	5	•		2. 左边路	<b>克车子 料料</b> 的		
į	6		Schedule C)	=			
	7	Unrelated deb	t-financed income (Schedule E)				
=	8	Interest, annuities,	royalties, and rents from a controlled organization (Schedule-F) 8				
TENTO STORY	9	Investment incom	e of a section 501(c)(7), (9), or (17) organization (Schedule G)				
) )	10	Exploited exer	npt activity income (Schedule I) 10				
į	11	Advertising in	come (Schedule J)	-			
ŧ	12	Other income (	See instructions, attach schedule) 12	<b>海門開始</b>	指節 瑞蘭		
	13		e lines 3 through 12				<u> </u>
	Part	Deductio	ns Not Taken Elsewhere (See instructions for limitations on deduction	ns.) (Exc	ept for cor	ntributions,	
		deduction	s must be directly connected with the unrelated business income.)				
	14	•	of officers, directors, and trustees (Schedule K)				<b>├</b>
	15	Salaries and v	•			<u> </u>	-
	16	•	aintenance				<del> </del>
	17						├
	18		n schedule) (see instructions)				-
	19		nses				
	20	Charitable col	tributions (See instructions for limitation rules)				$\vdash$
	21	Depreciation (	attach Form 4562)		22b	i	1
	22	·	tion claimed on Schedule A and elsewhere on return 22a				+
	23		to deferred component on plans				┼
	24 25		to deferred compensation plans		· —	<del> </del>	+
	25 26		ent programs			<del> </del>	+
	26 27		ship costs (Schedule J)		-		+
	28		ons (attach schedule)			<del>                                     </del>	<del> </del>
	29		ons. Add lines 14 through 28				
	30		ness taxable income before net operating loss deduction. Subtract line 29 f				1
	JU	OHI CIGIED DUS	ness taxable income before het operating loss deduction, dubitact line 23 i			1	1

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

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Cat No 11291J

Part	III To	otal Unrelated Business Taxable Income				
33	Total of	unrelated business taxable income computed from all unrelated trade	es or businesses (se	ee		_
	instruct	ĺ	33	i		
34	Amoun	Ì	34	0		
35	Deduct					
00	instruct	]	35			
26				0		
36		unrelated business taxable income before specific deduction. Subtract 33 and 34			26	
					36	0
37		deduction (Generally \$1,000, but see line 37 instructions for exception			37	0
38		ed business taxable income. Subtract line 37 from line 36. If line 37 is				ļ
		e smaller of zero or line 36	<del></del>		38	0
Part		x Computation			. ,	
39	_	zations Taxable as Corporations. Multiply line 38 by 21% (0.21)		▶	39	0
40	Trusts	on	armin.			
	the amo	ount on line 38 from. 🔲 Tax rate schedule or 🔲 Schedule D (Form 104	11)	▶ [	40	0
41	Proxy t	ax. See instructions	1	▶ [	41	0
42	Alternat	ive minimum tax (trusts only)			42	0
43	Tax on	Noncompliant Facility Income. See instructions			43	0
44	Total.	add lines 41, 42, and 43 to line 39 or 40, whichever applies		[	44	o
Part		ax and Payments				
45a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) .	45a		144. 11 C	
b		redits (see instructions)	45b			
С		business credit. Attach Form 3800 (see instructions)	45c			
d		or prior year minimum tax (attach Form 8801 or 8827)	45d		الماء	
e		redits. Add lines 45a through 45d			45e	
46			46			
47		et line 45e from line 44		f	47	
48		ix. Add lines 46 and 47 (see instructions)		ŀ	48	
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column		ŀ	49	-
50a		nts A 2017 overpayment credited to 2018	50a	İ	-, 1	
b	-	stimated tax payments	50b		35	
c		posited with Form 8868	50c	$\neg$	ارتار پر افتادر پر	
ď		organizations. Tax paid or withheld at source (see instructions)	50d		المسادات	
e		withholding (see instructions)	50e		111	
f		or small employer health insurance premiums (attach Form 8941) .	50f			
g		redits, adjustments, and payments.  Form 2439				
•	☐ Form	<u> </u>	50g 927	- 1	100	
51		ayments. Add lines 50a through 50g		$\neg$	51	927
52		ed tax penalty (see instructions). Check if Form 2220 is attached			52	
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount ov	wed	▶ [	53	0
54	Overpa	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter an	nount overpaid .	▶ [	54	927
55	-	amount of line 54 you want	Refunded	▶ [	55	927
Part '	VI S	atements Regarding Certain Activities and Other Information	n (see instructions)			
56		ime during the 2018 calendar year, did the organization have an interes	st in or a signature o	or oth	her autho	rity Yes No
		inancial account (bank, securities, or other) in a foreign country? If "Ye				
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," e				ntry [ ]
	here ▶				_	
57	Durina t	ne tax year, did the organization receive a distribution from, or was it the granto	fore	ign trust?	···	
	_	" see instructions for other forms the organization may have to file.	,		Ū	15.4° / 5 16.68
58		e amount of tax-exempt interest received or accrued during the tax year	ar ▶ \$			أنبت أأأ
	Under	penalties of perjury, I declare that I have examined this return, including accompanying schedules	and statements, and to th	e bes	t of my know	vledge and belief, it is
Sign	true, co	mact, and complete Declaration of preparer (other than taxpayer) is based on all information of whi	ch preparer has any knowle of Finmce and	dge	May the IR:	S discuss this return
Here		with the pr	eparer shown below			
		re of officer Date Title	nistration	╗	(See Instruct	tions)? <b>Yes No</b>
Paid		Print/Type preparer's name Preparer's signature	Date	Cha	eck 🔲 if	PTIN
					-employed	
Prep		Firm's name ▶	· · · · · · · · · · · · · · · · · · ·	1	n's EIN ▶	•
Use (	Unly	Firm's address >	Phone no			

Form 99	ın_⊤	/201	R١

Page 3

Schedule A-Cost of Goods Sold.	nter method of	invento	ory va	luation >			
1 Inventory at beginning of year	1		6	Inventory a	at end of year	6	
2 Purchases	2		7	Cost of	goods sold. Subtract	San Park	
3 Cost of labor	3		1	line 6 from	line 5. Enter here and		
4a Additional section 263A costs			1	ın Part I, lır	ne 2	7	
(attach schedule)	4a		8	Do the rul	les of section 263A (with	th respect to	Yes No
<b>b</b> Other costs (attach schedule)	4b		]	property p	roduced or acquired for	resale) apply	1990 300
5 Total. Add lines 1 through 4b	5		<u> </u>		ınızatıon?		<u> </u>
Schedule C—Rent Income (From R (see instructions)	eal Property an	nd Pers	sonal	Property I	Leased With Real Pro	perty)	
Description of property							
(1)							
(2)							
(3)							
(4)							
2. Rent reco	eived or accrued				_		
(a) From personal property (if the percentage of ren for personal property is more than 10% but not more than 50%)	t (b) From real apercentage of ren 50% or if the rer	nt for pers	onal pro	perty exceeds	3(a) Deductions directly in columns 2(a) and	connected with the d 2(b) (attach sched	
(1)					- <del></del>		
(2)	<u> </u>					-	
(3)							
(4)	<del> </del>						
Total	Total				(L) T-1-1 d- dt		
(c) Total income. Add totals of columns 2(a) a here and on page 1, Part I, line 6, column (A)					(b) Total deductions.  Enter here and on page Part I, line 6, column (B)		
Schedule E-Unrelated Debt-Finan		e ınstru	ctions	)	<del></del>		
Description of debt-financed pr	operty			come from or debt-financed		ced property	
, i	•		pro	perty	(a) Straight line depreciation (attach schedule)	(b) Other de (attach sch	
(1)					- · · · · · · · · · · · · · · · · · · ·		
(2)							
(3)							
(4)							
acquisition debt on or of allocable to debt-financed debt-	age adjusted basis or allocable to financed property tach schedule)	6. Column 4 divided by column 5		vided	7. Gross income reportable (column 2 × column 6)	8. Allocable d (column 6 × tota 3(a) and	al of columns
(1)				%			
(2)				%			
(3)				%			
(4)				%			
-					Enter here and on page 1, Part I, line 7, column (A).	Enter here and Part I, line 7, o	
Totals				▶			
Total dividends-received deductions include	ed in column 8	·		_			100 T 1004

Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)									
					Organizations				
Name of controlled organization		Employer (ication number		lated income instructions)	4. Total of specified payments made	5. Part of colum included in the corganization's gro	controlling	conne	eductions directly ected with income in column 5
(1)									
(2)									
(3)						<del>                                     </del>		-	
(4)						<del> </del>		ļ	
Nonexempt Controlled Organiz	ations		L		<u> </u>				
		<del></del>				10.0-1-6	0.15 -1 -1	T 44 5	
7. Taxable Income		. Net unrelated inc oss) (see instructi			otal of specified yments made	10. Part of column 9 that is included in the controlling organization's gross income		connec	eductions directly sted with income in column 10
(1)									
(2)		- <u>-</u>							
(3)									
(4)								1	
Totals						Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 ere and on page 1, line 8, column (B)
Schedule G-Investment I	ncom	e of a Sect	ion 5016	<u> </u>	or (17) Organi	zation (see inst	ructions	<del></del> -	
1. Description of income		2. Amount of	·	3.	Deductions ctly connected ach schedule)	4. Set-aside (attach schedi	s	5. To and se	tal deductions et-asides (col. 3 olus col. 4)
(1)	$\dashv$			- (37.1.	4077-0077-007-07				
(2)	-+			<del>-</del>					
(3)	-			+		<del></del>			<del></del>
(4)				+		<del></del>			
3.	-+	Enter here and	on page 1	130600000000000000000000000000000000000	re-Market Harris	Misos del Particili	E-18 18 18 18 18 18 18 18 18 18 18 18 18 1	Enter her	e and on page 1,
Totals	•	Part I, line 9, c	olumn (A)					Part I, Iır	ne 9, column (B)
Schedule I—Exploited Exe	mpt /	Activity Inco	ome, Otl	ner Than	Advertising In	come (see inst	ructions	)	
1. Description of exploited activi	ity	2. Gross unrelated business incor from trade o business	me conn r prod	Expenses directly lected with duction of hirelated less income	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. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)	_	T							
(3)									
(4)		7							
Totals	<b>•</b>	Enter here and page 1, Part line 10, col (/	<ol> <li>page</li> </ol>	here and on e 1, Part I, I0, col (B)					Enter here and on page 1, Part II, line 26
Schedule J-Advertising I	ncom	e (see instruc	ctions)						
Part I Income From P	eriod	icals Repor	ted on a	Consoli	dated Basis				
1. Name of periodical		2. Gross advertising income		. Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	<b>6.</b> Read co:		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		1	_		CHARLE THE				(是是) 经基本
(2)		<del> </del>				<del></del>			
(3)		<del> </del>	+			<del></del>	-		
(4)		<del> </del> -							
V-1		+	<del></del>		でれるおいて対象のようは一分り				アインシュルンまれた おっかいかんかい
Totals (carry to Part II, line (5))								F	orm <b>990-T</b> (2018)

Part II Income From Periodi 2 through 7 on a line-b			Te Dasis (1 01 6			Thirm Columns
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				THE WAR	EPERTURY	
Totals, Part II (lines 1–5)	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
Schedule K-Compensation of	Officers, Direc	tors, and Tru	stees (see instri	uctions)	The stands of th	<del></del>
1. Name		T	<b>2.</b> Title	3. Percent of time devoted to business	_   4. Compensar	ion attributable to
(1)				9	%	
(2)				9	%	
(3)				9	%	
(4)				9	%	
Total. Enter here and on page 1. Part II. Iir	ne 14				<b>&gt;</b>	

Form **990-T** (2018)

## Amended Return – Section 512(a)(7) Form 990-T 2018 Statement indicating which line numbers were changed and the reason for each change.

Accounting Aid Society 3031 W Grand Blvd STE 470 Detroit, MI 48202 23-7510753

## 2018 Form 990-T

The only reason this form was filed was due to the parking tax. We had no other unrelated business income.

Line 34: Repeal of Section 521(a)(7) We had no other income to report on this form, only the parking tax.

Line 36: Repeal of Section 521(a)(7)

Line 37: Repeal of Section 521(a)(7)

Line 38: Repeal of Section 521(a)(7)

Line 39: Repeal of Section 521(a)(7)

Line 44: Repeal of Section 521(a)(7)

Line 48: Repeal of Section 521(a)(7)

Line 50g: Repeal of Section 521(a)(7)

Line 51: Repeal of Section 521(a)(7)

Line 53: Repeal of Section 521(a)(7)

Line 54: Repeal of Section 521(a)(7)

Line 55: Repeal of Section 521(a)(7) Asking for refund.