						SCLOSU			_		OMP No. 1545 0047
	0	ON	Return of Or	-			-				OMB No. 1545-0047
For	Form 990		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public.							itions)	2021
Department of the Treasury					-			-	-		Open to Public Inspection
_		nue Service	Go to www.i ar year, or tax year beginning			2021			1000000000000000000000000000000000000	22	Inspection
	Check if		organization	,	±,	2021	una		D Employer ider		ion number
	pplicab	le:	organization						D Employer laci	linout	
	Addre	ess BALD	WIN PUBLIC LIBR	ARY TF	เบรา	С					
	Name	ge Doing b	usiness as						38-240	4964	i
	Initial return Final return	Number	and street (or P.O. box if mail is WEST MERRILL	not delivere	d to st	reet address)		Room/suite	E Telephone nur 248-64		39
	termir ated	n	own, state or province, countr	/, and ZIP (or fore	ign postal c	code		G Gross receipts \$		234,940.
	Amen			09-148					H(a) Is this a grou	ıp retur	
	Applic tion pendi		nd address of principal officer	FRANK	PI	SANO			for subordina		···· = =
		SAME	AS C ABOVE						H(b) Are all subordina		
		empt status:	X 501(c)(3) 501(c) (BALDWINLIB.ORG)◀	(insert	no.) 4	947(a)(1)	or 527			. See instructions
_			Corporation X Trust	Associa	otion	Other		L Voor	H(c) Group exem		umber b tate of legal domicile: MI
	art I	f organization: Summary			111011			L Year	or formation: 190	<u> 1 M SI</u>	tate of legal domicile. M L
	1		e the organization's mission o	r most sign	ificant	t activities:	FTNA	NCTAL	Y ASSIST () PER	ATTONS OF
ce	'		Y LIBRARY	most sign	mean	. activities.	<u></u>	110 111111		<u>/1 110</u>	
Governance	2		x 🕨 🗌 if the organization	discontinu	ed its	operations	or dispo	sed of more	e than 25% of its net	t assets	
ver			ing members of the governing				-			3	6
	4	Number of inc	ependent voting members of	he governi	ng bo					4	6
8 Se	5						5	0			
Activities &	6	Total number	of volunteers (estimate if nece	ssary)						6	2
Acti	7 a	Total unrelate	d business revenue from Part	/III, columr	n (C), li	ine 12				7a	0.
_	b	Net unrelated	business taxable income from	Form 990-	T, Par	t I, line 11		<u></u>		7b	0.
									Prior Year		Current Year
an	8		and grants (Part VIII, line 1h)						453,19	<u>2.</u> 0.	<u> </u>
Revenue	9	•	ce revenue (Part VIII, line 2g)						91,07		155,491.
Be	10		come (Part VIII, column (A), line (Part VIII, column (A), lines 5,							0.	0.
			- add lines 8 through 11 (must			,	ine 12)		544,26	••	234,940.
			nilar amounts paid (Part IX, co							0.	0.
	14		to or for members (Part IX, col			,				0.	0.
s	15		compensation, employee ber			umn (A), lin	es 5-10)			0.	0.
nse	16a	Professional f	undraising fees (Part IX, colum	n (A), line 1	1e)					0.	0.
Expenses	b		ng expenses (Part IX, column			▶		0.			
Ű	''		es (Part IX, column (A), lines 1						154,72		199,970.
	18		s. Add lines 13-17 (must equa						154,72		199,970.
	19	Revenue less	expenses. Subtract line 18 fro	<u>n line 12</u>	<u></u>	<u></u>	<u></u>		389,53		34,970.
Net Assets or und Balances		Tatala 1 1							eginning of Current Ye 2,518,57		End of Year 2,030,373.
Asse	20	Total assets (F								0.	2,030,373.
Vet ∕	21 22		(Part X, line 26) fund balances. Subtract line 2						2,518,57	-	2,030,373.
	art II	Signature			20	<u></u>			2,510,51	<u> </u>	2,000,070.
			I declare that I have examined this	return, inclu	idina a	ccompanying	schedule	s and statem	ents, and to the best o	of my kno	owledge and belief. it is
			Declaration of preparer (other that		-					<i>.</i>	
			· · ·	/				<u> </u>			
Sig	n	Signatur	e of officer						Date		
Her	е		K PISANO, PRESI	DENT							
		I VDe or I	print name and title								

	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	TINA M. PETERS	TINA M. PETERS	04/17	/23 self-employed P00904574		
Preparer	Firm's name 🕒 PLANTE & MORAN,	PLLC		Firm's EIN 🕨 38–1357951		
Use Only	Firm's address P.O. BOX 307					
	SOUTHFIELD, MI 48037 Phone no.248-352-2500					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions					

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Form	990 (2021) BALDWIN PUBLIC LIBRARY TRUST	38-2404964 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	BALDWIN PUBLIC LIBRARY ENRICHES BIRMINGHAM AND PARTICIPA	
	COMMUNITIES BY PROVIDING OPPORTUNITIES AND RESOURCES FOR	
	OF ALL AGES AND BACKGROUNDS TO LEARN, CONNECT, AND DISCO	VER.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as i	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$22,332. including grants of \$) (Revenue (Code:)) (Revenue (Co	
	YOUTH SERVICES PROGRAMS PRESENTED TO ENCOURAGE YOUNG PEOD	
	LIBRARY. FIRST GRADE/FIRST CARD, BOOK DISCUSSION GROUPS	
	READING, HALLOWEEN PROGRAM, AUTHOR VISITS, AND MISCELLAN	LOUS PROGRAMS
	THROUGH THE YEAR	
4b	(Code:) (Expenses \$26,709. including grants of \$) (Revenue (Revenu((Revenue (Revenue (Revenue (Revenue (Revenu	
	ADULT SERVICES PROGRAMS SUMMER READING, AUTHOR VISITS, BO	
	GROUPS, MISCELLANEOUS PROGRAMS	
4.	(Code:) (Expenses \$6,540including grants of \$) (Revenue	
4c	(Code:) (Expenses \$6,540. including grants of \$) (Revenue YOUNG ADULT SERVICES PROGRAMS PRESENTED TO ENCOURAGE TEE]	
	LIBRARY. TEEN CONSULTANTS GROUP, SUMMER READING, BOOK DIS	
	FOR TEENS/YOUNG ADULTS, MISCELLANEOUS PROGRAMS OF INTERES	
	YEAR.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 55,581.	Form 990 (2021)
12000	2 12-09-21	Form 330 (2021)
132002	3	

Form	990	(2021)

Part IV Checklist of Required Schedules

BALDWIN PUBLIC LIBRARY TRUST

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
_	Schedule D, Part III	8		<u>x</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
~	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		<u> </u>
b		11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			<u> </u>
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			[
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			-
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
132003	12-09-21	Form	990	(2021)

132003 12-09-21

Form	990	(2021)
	330	(2021)

 Form 990 (2021)
 BALDWIN PUBLIC LIBRARY TRUST

 Part IV
 Checklist of Required Schedules (continued)

			Vee	Na
00	Did the experimetion report more than 0 5,000 of grants or other exciptions to be far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1c		
13200/	(gambling) winnings to prize winners?		990	(2021)
102002		1 0111		(

	990 (2021) BALDWIN PUBLIC LIBRARY TRUST 38-2404	964	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	Na
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		res	No
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5.		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	70		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Is the organization licensed to issue qualified health plans in more than one state?	15a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	
100007	6 6	Eorm	MMII	(2021)

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Form 990	(2021)
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BALDWIN PUBLIC LIBRARY TRUST

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X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	上	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	··· 🛏	-		
	more members of the governing body?	7	'a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		<u> </u>		
U		7	'b		х
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		b		
8				Х	
	The governing body?		Ba	X	
	Each committee with authority to act on behalf of the governing body?	8	ßb	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<u> </u>		
		_	$ \rightarrow $	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10	0a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	? <u>1</u>	1a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1:	2a	Х	
b			2b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe				
Ŭ	on Schedule O how this was done	1:	2c		х
13	Did the organization have a written whistleblower policy?		3		X
13 14	Did the organization have a written document retention and destruction policy?		4	Х	- 23
		··· -•	-		
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		_		v
	The organization's CEO, Executive Director, or top management official		5a		X X
b	Other officers or key employees of the organization	1	5b		Λ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16	6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	10	6b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MI$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c	;)(3)s or	ıly) a	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.		- /		
	Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fin	anc	ial	
	statements available to the public during the tax year.		200		
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
20	PAUL GILLIN - 248-554-4683				
	300 WEST MERRILL, BIRMINGHAM, MI 48009-1483				
			0.5.55	990	(000
32006	5 12-09-21 7	F	UIII	330	(202
01	17 147228 26153-1 2021.05070 BALDWIN PUBLIC LIBRA	ARV 1	סיד	26	15
104	TI THIZO ZOTIJ-I ZOZIOJOIO DADDWIN FODDIC DIBRE	wr ;	тĽ	Z 0	тр

Form	990	(2021)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	e Position				1		(D)	(E)	(F)
Name and title	Average hours per	box	not cl , unles	heck ss pei	more rson i	than o s both r/trus	n an	Reportable compensation	Reportable compensation	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MELISSA MARK	1.00	v							0	0
TRUSTEE (2) FRANK PISANO	1.00	Х						0.	0.	0.
PRESIDENT & TRUSTEE	1.00	x		x				0.	0.	0.
(3) KAREN ROCK	1.00	- 23								U .
SECRETARY & TRUSTEE		х		x				0.	0.	0.
(4) JAMES SUHAY	1.00									
TRUSTEE		х						0.	0.	0.
(5) JENNIFER WHEELER	1.00									
VICE PRESIDENT & TRUSTEE		Х		Х				0.	0.	0.
(6) DANIELLE RUMPLE	1.00									
TRUSTEE		Х						0.	0.	0.
		-								
		-								
		-								

8

Form 990 (2021)

Form 990 (2021) BALDWIN	PUBLIC I	ΊΒ	BRA	RY	Γ T	RU	SI	1 ·	38-24	.049	64	Pa	ge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box offic	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	other		mateo ount o ther	f
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)		compensa from th organizat and relat organizati		on d
		-											
		-											
										_			
		-											
		-											
1b Subtotal		<u> </u>		<u> </u>	<u> </u>	<u> </u>		0.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			′es	0 No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			-		-		-		-	[3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization		4		X
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." corr	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	lual for services		5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	•	•							•	ensati	on fron	ו	
the organization. Report compensation for (A) (A) Name and business			ndin DNE		ith c	or wi	thin	<u>the organization's tax y</u> (B) Description of s		6	(C)		
				<u> </u>				Description of a			mpone		
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nitec	d to t	thos (ted	above) who received mo	ore than				
		_	_	_	_		_			F	orm 9	90 (2	021)

132008 12-09-21

					PUBLI	C LIBRARY	TRUST		38-2404	964 Page 9
Pa	rt V	/	Statement of Rev	venue						
			Check if Schedule O co	ontains a	response	or note to any line	in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1	а	Federated campaigns		1a					
ran					1b					
Ω Ω Ω		с	Fundraising events		1c					
ar <i>F</i>			Related organizations		1d					
is, 0		е	Government grants (contrib	outions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, g similar amounts not included a		1f	79,449.				
dti		g	Noncash contributions included in lir	nes 1a-1f	1g \$					
a C		h	Total. Add lines 1a-1f				79,449.			
						Business Code				
ė	2	а								
Program Service Revenue		b								
Se		с								
am eve		d								
ngo Bo		е								
۲ ۲		f	All other program service re	evenue						
		g	Total. Add lines 2a-2f							
	3		Investment income (includion other similar amounts)			►	155,491.			155,491.
	4		Income from investment of							
	5		Royalties	·····	<u></u>					
				`) Real	(ii) Personal				
	6			6a						
		b	· · · · ·	6b						
		С		6c						
			Net rental income or (loss)							
	7	а	Gross amount from sales of		ecurities	(ii) Other				
				<u>7a</u>						
		b	Less: cost or other basis							
venue				7b						
eve			-	7c						
r Re	_		Net gain or (loss)			▶				
Other	8	а	Gross income from fundraising	•						
0			including \$							
			contributions reported on li	-						
			Part IV, line 18							
			Less: direct expenses							
	•		Net income or (loss) from fu Gross income from gaming			▶				
	э	d	Part IV, line 19							
		h	Less: direct expenses							
			Net income or (loss) from g			····· •				
	10		Gross sales of inventory, le							
		u	and allowances							
		h	Less: cost of goods sold							
			Net income or (loss) from s							
-+		č			, ontony	Business Code				
sn	11	а								
neo	•••	a b				+				
iscellaneous Revenue		с С				+				
Be			All other revenue			+				
Ξ			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				234,940.	0.	0.	155,491.
13200						F				Form 990 (2021)

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132009 12-09-21

BALDWIN PUBLIC LIBRARY TRUST Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	3b, 9b, and 10b of Part VIII.	•	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	3,250.		3,250.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	500.		500.	
2	Advertising and promotion	467.		467.	
3	Office expenses	859.		859.	
4	Information technology	30,088.		30,088.	
5	Royalties	2,089.		2,089.	
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	982.		982.	
4	Other expenses. Itemize expenses not covered				
.7	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
•	ADMINISTRATION & OTHER	106,154.		106,154.	
a r	PROGRAM EXPENSES	39,656.	39,656.		
u c	BOOKS, VIDEOS, DVDS	15,925.	15,925.		
c c		±J,J4J•	IJ, JAJ•		
d					
	All other expenses	199,970.	55,581.	144,389.	(
5	Total functional expenses. Add lines 1 through 24e	199,970.	55,501.	144,309.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Fight following SOP 98-2 (ASC 958-720)				

09120417 147228 26153-1

38-2404964 Page 11

		Check if Schedule O contains a response or not	te to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,842,323.	2	474,462.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	sons		5	
	6	Loans and other receivables from other disquali	fied pe				
		under section 4958(f)(1)), and persons described	d in sea	ction 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities			676,253.	11	1,555,911.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			2,518,576.	16	2,030,373.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŷ	22	Loans and other payables to any current or form	ner offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subst	tantial	contributor, or 35%			
abil		controlled entity or family member of any of the	se pers	sons		22	
1	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X			
		of Schedule D				25	
	26				0.	26	0.
		Organizations that follow FASB ASC 958, che	eck hei	re 🕨 🗴			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			360,364.	27	343,568.
Ba	28				2,158,212.	28	1,686,805.
pun		Organizations that do not follow FASB ASC 9	958, ch	eck here 🕨 🔛			
Net Assets or Fund Balances		and complete lines 29 through 33.					
<u>s</u>	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
t As	31	Retained earnings, endowment, accumulated in	icome,	or other funds	A - 1 A - - - -	31	
Nei	32	Total net assets or fund balances			2,518,576.	32	2,030,373.
	33	Total liabilities and net assets/fund balances		2.518.576.	33	2,030,373.	

Form **990** (2021)

Part X Balance Sheet

Form	990	(2021)	

Form	BALDWIN PUBLIC LIBRARY TRUST	38-2	404964	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.,94	
2	Total expenses (must equal Part IX, column (A), line 25)	2),97	
3	Revenue less expenses. Subtract line 2 from line 1	3		.,97	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,518	-	
5	Net unrealized gains (losses) on investments	5	-523	3,17	<u>73.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,030),37	73.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			37
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

	OMB No. 1545-0047					
2021						
	Open to Public Inspection					

Name of the	organization
-------------	--------------

Name of	the organization						Employer	identification number
	BALD	WIN PUBLIC	LIBRARY TRU	ST			3	8-2404964
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general p	public described in
	section 170(b)(1)(A)(vi). (C							
8	A community trust describe							
9	An agricultural research org	-			-		-	-
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:							
10	An organization that norma							
	activities related to its exen							-
	income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	rea by the org	anization a	inter June 30, 1975.
11	See section 509(a)(2). (Con An organization organized a	• •	volu to tost for public co	foty Soo	coction 5(0(a)(4)		
12 X	An organization organized a	•		•			rny out the	nurnoses of one or
	more publicly supported or	-	-	-			•	
	lines 12a through 12d that	-						
a	Type I. A supporting orga	• •					-	aivina
u	the supported organization		-	• • • •	-			
	organization. You must o			indjointy e				ipporting
b X		-		tion with its	s supporte	d organizatio	n(s), by hav	rina
	control or management o	-				-		-
	organization(s). You mus							
c 🗌	Type III functionally inte	-		in connect	ion with, a	and functional	ly integrate	d with,
	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	ith its suppor	ted organiz	ation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е 🗌	Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f Ente	er the number of supported o	organizations						1
	vide the following information			(iv) is the ora:	inization listed	())		(
	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)
			above (see instructions))	Yes	No		istructions)	
	IN PUBLIC		c				0	
LIBRA	RY	38-6004664	6	X			0.	195,751.
Total							0.	195,751.

Schedule A	(Form	990	202
		000	1202

Part II

BALDWIN PUBLIC LIBRARY TRUST

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	achuma (f)						
6							
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(u) 2011	(6) 2010	(0) 2010	(4) 2020	(0) 2021	() ()
	Gross income from interest,						
U	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
0							
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		\				
	Gross receipts from related activities,		,				
13	First 5 years. If the Form 990 is for th	Ũ		, .	,	()()	
800	organization, check this box and stop	<u> </u>					
	ction C. Computation of Public			(f)			
	Public support percentage for 2021 (li		•			14 15	<u>%</u>
	Public support percentage from 2020						
108	33 1/3% support test - 2021. If the c						
L	stop here. The organization qualifies		•				
D	33 1/3% support test - 2020. If the c						
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts			-		-	
-	meets the facts-and-circumstances te	6		, ,,	0		
b	10% -facts-and-circumstances test	-					IU% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu		•				
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A		or Organizatio		LIBRARY	
		or urganizatio	nne i joerrii	non in Soctiv	<u>10 5000191171</u>

BALDWIN PUBLIC LIBRARY TRUST

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
	check this box and stop here						
See	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves		•				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19 a	a 33 1/3% support tests - 2021. If the						ne 17 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						ion ▶
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
1320	23 01-04-22		16			Schedu	ıle A (Form 990) 2021

BALDWIN PUBLIC LIBRARY TRUST

Yes

No

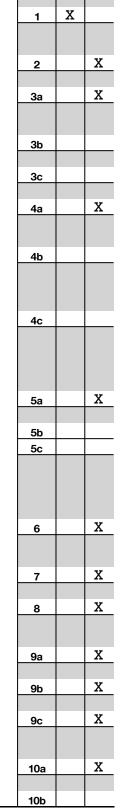
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 BALDWIN PUBLIC LIBRARY TRUST

Sche	Adule A (Form 990) 2021 BALDWIN PUBLIC LIBRARY TRUST 3	8-240496	54 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described on line 11a above?	11b		X
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one support and/or remove officers, or trustees were allocated among the appoint and/or remove officers, or trustees are allocated among the support of the organization.</i>	cers,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	Х	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
---	---	---------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see	instruction <u>s).</u>
---	--	---	--	------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

З

2a

2b

3a

Yes No

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Schedule A (Fo	orm 990) 2021
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Schedule A	(Form 990)) 2021	BALDWIN	PUBLIC	LIBRARY	TRUST	
Part V	Type III	Non-F	Functionally Integra	ated 509(a)	(3) Supporti	ng Organizat	ions

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

BALDWIN PUBLIC LIBRARY TRUST

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)	5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
~				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	BALDWIN					38-2404964	P <u>ag</u> e 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provid , 2, 3b, 3c, 4b, 4d lines 2 and 3; Pa	le the explanat c, 5a, 6, 9a, 9b rt IV, Section E	tions required b , 9c, 11a, 11b, , lines 1c, 2a, 2	y Part II, line 10; and 11c; Part IV, b, 3a, and 3b; Pa	Section B, lines 1 art V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Sectior Section B, line 1e; Pa	n C.
	(See instructions.)							
122000 01 04 04	2						Schedule A (Form S	200/ 2024
132028 01-04-2	2			21			Schedule A (Form S	59UJ 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

38-2404964

BALDWIN	PUBLIC	LIBRARY	TRUST

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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BALDWIN PUBLIC LIBRARY TRUST

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1 </u>		\$49,206.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

38 - 2404964

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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BALDWIN PUBLIC LIBRARY TRUST

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization

Employer identification number

38-2404964

Schedule B (Form 990) (2021)

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Schedule E	B (Form 990) (2021)		Page 4		
Name of or	rganization		Employer identification number		
BALDW	IN PUBLIC LIBRARY TRUST	1	38-2404964		
Part III	Exclusively religious, charitable, etc., contribu	itions to organizations described in s	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	Itry. For organizations r less for the year. (Enter this info. once.) \$		
(a) No.	Use duplicate copies of Part III if additiona	I space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
			<u> </u>		
		(e) Transfer of git	ft		
			Deletionskip of two of over to two of over		
-	Transferee's name, address,		Relationship of transferor to transferee		
		[
(a) No. from					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
	(e) Transfer of gift				
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-		(e) Transfer of git	 ft		
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
ſ					
123454 11-11	-21		Schedule B (Form 990) (2021)		

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(Form 9	9 90)
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Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service
Name of the organization

BALDWIN PUBLIC LIBRARY TRUST

Employer identification number 38 - 2404964

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin			(1) =	
		(a) Donor advis	ed funds	(b) Fu	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	-			
•	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o			· ·	
Par	impermissible private benefit?				
					·
1	Purpose(s) of conservation easements held by the organization		_	a historiaall	v important land area
	Preservation of land for public use (for example, recrea Protection of natural habitat		_		y important land area istoric structure
	Preservation of open space	L	_ Preservation of	a certined n	istone structure
2	Complete lines 2a through 2d if the organization held a qualif	ind consonvation contrib	ution in the form	of a conconv	ation assemant on the last
2	day of the tax year.				Held at the End of the Tax Year
а				2a	
b					
c	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a				
u	listed in the National Register				
3	Number of conservation easements modified, transferred, rel				during the tax
•	year	ouoou, oxungulonou, or	torrinination by the	organization	
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per		tion, handling of		
	violations, and enforcement of the conservation easements it		, J		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
	•	-	-		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and er	nforcing conservat	ion easemer	nts during the year
	►\$				
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requiremen	ts of section 170(h	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation	on easements in its reve	nue and expense	statement a	nd
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	s financial stateme	ents that des	cribes the
_	organization's accounting for conservation easements.				
Par		-	easures, or Ot	ner Simila	ar Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	· ·			
	of art, historical treasures, or other similar assets held for pub				public
	service, provide in Part XIII the text of the footnote to its finar				
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	exhibition, education, c	or research in furth	erance of pu	ublic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
-					·
2	If the organization received or held works of art, historical tre			gain, provid	le
	the following amounts required to be reported under FASB A	-			•
a	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X			····· 🕨	\$ Sebedule D (Form 000) 2021
	For Paperwork Reduction Act Notice, see the Instructions	5 TOP FORM 990.			Schedule D (Form 990) 2021
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Sche		PUBLIC LI							04964		age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, o	r Other	Similar	Asset	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other recor	ds, checł	k any of the f	following that	t make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	hange progra	am					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how th	ney further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comp	lete if the	e organizatio	n answered	"Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	if the organization a	nswered	"Yes" on Fo	orm 990, Part	IV, line 10).				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held ar	nd administer	red for the	organiza	tion	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requ	ired on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment f	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 99	0, Part I	/, line 11a. S	See Form 990), Part X, li	ne 10.				
	Description of property	(a) Cost or			or other		cumulate	d	(d) Bool	k valu	е
		basis (invest	tment)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X. colur	nn (B), line 1	0c.)						0.
							:	Schedule	D (Form	ı 990)	2021

(a) Beschiption of security or cutatigany invading nerve disearching (b) Book value (c) Method of valuation: Cost or end of year market value 1) Financial derivatives (c) Clocely hild equily interests (c) 3) Other (c) (d) (c) (e) (c) (f) (c) </th <th>Part VII Investments - Other Securities. Complete if the organization answered "Yes"</th> <th>on Form 990, Part IV, line</th> <th>e 11b. See Form 990, Part X, line 12.</th> <th></th>	Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
2) Closely held equity interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
2) Closely held equity interests	1) Financial derivatives			
(A) (B) (C) (B) (C) (C) (C) (C) (C) (D) (C) (C) (E) (C) (C) (F) (F) (C) (F) (F) (C) (F) (F) (C) (F) (F) (F) (F) (F)				
(B) Image: Control of the second	3) Other			
IC Investment S Program B40, Part X, col. (8) line 12.) Part VIII Investment S Program B40, Part X, col. (8) line 12.) Part VIII Investment S Program B40, Part X, col. (8) line 12.) Part VIII Investment S Program B40, Part X, col. (8) line 12.) Part VIII Investment S (a) Description of investment (b) Book value (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of year market value (b) Investment S (c) Method of valuation: Cost or end-of year market value (c) Investment S (c) Method of valuation: Cost or end-of year market value (c) Investment S (c) Method of valuation: Cost or end-of year market value (c) Investment S (c) Method of valuation: Cost or end-of year market value (c) Investment S (c) Method of valuation: Cost or end-of year market value (c) Investment S (c) Method of valuation: Cost or end-of year market value (c) Investment S (c) Method of valuation: Cost or end-of year market value (d) Investment S (c) Method of valuation: Cost or end-of year market value (d) Invest equal Form 990, Part X, col. (c) line 13.) (c)	(A)			
(D) (E) (E) (F) (G)	(B)			
(E)	(C)			
(F) Image: Second	(D)			
(G) (G) (H) (H) (H) (H) Part Vill Investments - Program Related. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (e) Method of valuation: Cost or end of year market value (1) (b) Book value (e) Method of valuation: Cost or end of year market value (1) (b) Book value (e) Method of valuation: Cost or end of year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) Description (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (1) (a) Description (c) Method of valuation: Cost or end of year market value (1) (a) Description (c) Book value (1) (a) Description (b) Book value (1) (a) Description of invested 'Yes' on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25. (c) Method form 990, Part X, line 15. (a) Descri	(E)			
(b) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) (b) Book value (d) (e) Method of valuation: Cost or end-of-year market value (f) (f) (g) (g) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (h) (h)	(F)			
Total. (cit), (b) must equal Form 990, Part X, col. (B) line 12). Image: Complete if the organization answered Yes' on Form 990, Part V, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (b) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) (c) (c) (c) <td< td=""><td>(G)</td><td></td><td></td><td></td></td<>	(G)			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description (c) Method of valuation: Cost or end-of-year market value (g) Description (c) Method of valuation: Cost or end-of-year market value (g) Description (c) Method of valuation: Cost or end-of-year market value (g) Description (c) Method of valuation: Cost or end-of-year market value (g) Description of Instity (c) Method of valuation: Cost or end-of-year market value (g) Description of Instity (g) Description of Instity (g) Description of Instity (g) Description of Instity (g) Description of Instity (g) Book value </td <td>(H)</td> <td></td> <td></td> <td></td>	(H)			
Complete if the organization answered "Yes" on Form '990, Part IV, line 11c. See Form '990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (2) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (3) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (4) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (6) (c) (c) (c) (c) (c) (6) (c) (c) (c) (c) (c) (c) (a) Description (b) Book value (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (1) (c) (c) (c) (c) <td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</td> <td></td> <td></td> <td></td>	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) (c) (
(1)	-			
(2) (3)	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(3)	(1)			
(4)	(2)			
(5)	(3)			
(6)	(4)			
(7)	(5)			
(8)	(6)			
(9) Image: Content of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (a) Description (b) Book value (2) (b) Book value (c) (3) (c) (c) (c) (4) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (7) (c) (c) (c) (7) (c) (c) (c) (c) (a) Description of liability (c) (c) (c) (a) Description of liability (c) (c) (c) (a) (c) (c) (c) (c) (3) (c) (c) (c) (c)	(7)			
Intel (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (a) Description (2) (b) Book value (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes (2) (a) Description of liability (1) Federal income taxes (2) (b) Book value (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) (6) (c) (7) (c)	(8)			
Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value (c) Book value	(9)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) (c) (c) (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) (c) (c) (3) (c) (c) (6) (c) (c) (6) (c) (c) (7) (c) (c) (6) (c) (c) (6) (c) (c) (7) (c) (c) <td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</td> <td></td> <td></td> <td></td>	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(a) Description (b) Book value (1) (a) (2) (b) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Other Liabilities. (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (6) (c) (7) (c) (8) (c) (9) (c) (6) (c) (7) (c) (8) (c) (9) (c) (6) (c) (7) (c) (8) (c)				
(1)			e 11d. See Form 990, Part X, line 15.	
(2)	(a)	Description		(b) Book value
(3)	(1)			
(4)	(2)			
(5)	(3)			
(6)	(4)			
(7)	(5)			
(8)				
(9) Interface Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) > Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (b) Book value (2) (b) Book value (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) Interface Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(7)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) (2) (a) (b) (3) (b) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (c)				
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) (2) (c) (c) (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (c)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) (2) (c) (c) (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (c) (c)	Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
1. (a) Description of liability (b) Book value (1) Federal income taxes (b) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (c)				
(1) Federal income taxes		on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
(2) (3) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				(b) Book value
(3) (4) (5) (5) (6) (6) (7) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►				
(4) (5) (5) (6) (7) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (6)				
(5) (6) (7) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►				
(6) (7) (7) (8) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►				
(7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►				
(8) (9) Fotal. <u>(Column (b) must equal Form 990, Part X, col. (B) line 25.)</u> ►				
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021	BALDWIN	PUBLIC LIBRARY	TRUST	
			mpticm	

Sche	dule D (Form 990) 2021 BALDWIN PUBLIC LIBRARY TRUS	38-2	404964	Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re			9
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	-288	233.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-523,173.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	-523	
3	Subtract line 2e from line 1			3	234,	940.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		940.		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Witl	n Expenses per l	Return	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	199	,970.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses					
d	Other (Describe in Part XIII.)	· · · ·				•
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	199	,970.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	199	,970.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

132054 10-28-21

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for the latest information.

BALDWIN PUBLIC LIBRARY TRUST

Employer identification number 38-2404964

l

OMB No. 1545-0047

Open to Public

Inspection

L

FORM 990, PART VI, SECTION B, LINE 11B:

THE LIBRARY BOARD'S FINANCE COMMITTEE REVIEWS THE FORM 990 BEFORE IT IS

FILED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE AND COPIES OF POLICIES

ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THERE HAVE BEEN NO CHANGES FROM PRIOR YEAR TO THE OVERSIGHT

RESPONSIBILITIES OF THE AUDIT COMMITTEE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

SCHEDULE	R
(Form 990)	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

38-2404964

Department of the Treasury Internal Revenue Service

BALDWIN PUBLIC LIBRARY TRUST

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
BALDWIN PUBLIC LIBRARY - 38-6004664							
300 WEST MERRILL STREET							
BIRMINGHAM, MI 48009	LIBRARY	MICHIGAN	115		N/A		х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 BALDWIN PUBLIC LIBRARY TRUST

38-2404964 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	_	,							I	-	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Percenta
of related organization		(state or	entity	(related, unrelated, excluded from tax under	income	income end-of-year		tions?	20 of Schedule	mana partn	al or Percenta ^{ging} ownersh
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	No
	1										
											-
	-										
	-										
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	-										
]										
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		1	1	1		1	I	I			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
									<u> </u>
									
									<u> </u>

BALDWIN PUBLIC LIBRARY TRUST Schedule R (Form 990) 2021

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X			
	Gift, grant, or capital contribution to related organization(s)	1b		X			
	Gift, grant, or capital contribution from related organization(s)	1c		X			
	Loans or loan guarantees to or for related organization(s)	1d		X			
	Loans or loan guarantees by related organization(s)	1e		X			
f	Dividends from related organization(s)	1f		X			
g		1g		X			
h	Purchase of assets from related organization(s)	1h		X			
i	Exchange of assets with related organization(s)	1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X			
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X			
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X			
	Sharing of paid employees with related organization(s)	10		X			
р	Reimbursement paid to related organization(s) for expenses	1p		X			
	Reimbursement paid by related organization(s) for expenses	1q		X			
r	Other transfer of cash or property to related organization(s)	1r	X				
S	Other transfer of cash or property from related organization(s)	1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2021 BALDWIN PUBLIC LIBRARY TRUST

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(-)	(1-)	(-)	(-1)	1		(6)	()	0		(:)	(1)		(1.)
(a)	(b)	(c)	(d)	(€ Are	a ll	(f)	(g)	(ł	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partnei 501(i org	rs sec.	Share of	Share of	Dispr tior allocat	opor- iate	Code V-UBI	Genera	al or P iina	Percentage
of entity		(state or foreign	excluded from tax under	org		total			ions?	of Schedule K-1	partne	er?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes I	NO	

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21