Public Disclosure Copy

Form 990

PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

| | • | 00 | **PUBLIC DISCLOSURE COP Return of Organization Exempt Fi | | ncome Tax | OMB No. 1545-0047 |
|-------------------------|--------------------------|---------------------|--|-------------|-------------------------------|------------------------------|
| Forn | n y | 90 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C | Code (exc | ept private foundations | » 2023 |
| | | of the Treasury | Do not enter social security numbers on this form as i Go to www.irs.gov/Form990 for instructions and the | - | - | Open to Public Inspection |
| | | enue Service | | | UN 30, 2024 | Inspection |
| Вc | heck if | C Name o | organization | | D Employer identifica | ation number |
| | Addre | מזגם ^{ess} | WIN PUBLIC LIBRARY TRUST | | | |
| | chang Name | 3 | | | 38-240496 | 1 |
| | chang Initial | 0 | usiness as and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | 4 |
| | return Final | 300 | WEST MERRILL | ioom/suite | 248-647-7 | 339 |
| | return termii ated | | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 655,958. |
| | Amen | | INGHAM, MI 48009–1483 | | H(a) Is this a group ret | |
| | Applie | | nd address of principal officer: KAREN ROCK | | for subordinates? | |
| | pendi | | AS C ABOVE | | H(b) Are all subordinates inc | |
| ΙT | ax-ex | empt status: | \mathbf{X} 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | 527 | 1 • • | st. See instructions |
| JΝ | Vebsi | ite: WWW. | BALDWINLIB.ORG | | H(c) Group exemption | number |
| K F | orm o | f organization: | Corporation 🚺 Trust Association Other | L Year | of formation: 1981 M | State of legal domicile: MI |
| Pa | rt I | Summary | | | | |
| | 1 | | e the organization's mission or most significant activities: FINAN | CIALL | Y ASSIST OPE | RATIONS OF |
| ů, | | THE CIT | Y LIBRARY | | | |
| Governance | 2 | Check this bo | x if the organization discontinued its operations or dispose | d of more | than 25% of its net asse | ets. |
| o ve | 3 | Number of vo | ing members of the governing body (Part VI, line 1a) | | | 6 |
| ۍ م | 4 | | ependent voting members of the governing body (Part VI, line 1b) \dots | | | 6 |
| Activities & | 5 | Total number | of individuals employed in calendar year 2023 (Part V, line 2a) | | | 0 |
| <u>i ti</u> | 6 | | of volunteers (estimate if necessary) | | | 31 |
| Act | | | d business revenue from Part VIII, column (C), line 12 | | | 0. |
| | b | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | ····· | | 0. |
| | | | | | Prior Year | Current Year |
| e | 8 | | and grants (Part VIII, line 1h) | | 82,328. | <u> 125,895.</u> 0. |
| Revenue | 9 | • | ce revenue (Part VIII, line 2g) | | 98,920. | 78,237. |
| Be | 10 | | come (Part VIII, column (A), lines 3, 4, and 7d) | | 98,920. | 0. |
| | 11 12 | | Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 181,248. | 204,132. |
| | | | | | 0. | 229,772. |
| | 13 14 | | nilar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | | | compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| Expenses | | | undraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ben | | | | 0. | | |
| Ш | | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 127,412. | 191,234. |
| | | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 127,412. | 421,006. |
| | 19 | | expenses. Subtract line 18 from line 12 | | 53,836. | -216,874. |
| or es | | | | | ginning of Current Year | End of Year |
| Assets or d Balances | 20 | Total assets (F | Part X, line 16) | | 2,119,494. | 2,062,032. |
| dBa | 21 | Total liabilities | (Part X, line 26) | | 0. | 0. |
| Eund | 22 | | fund balances. Subtract line 21 from line 20 | | 2,119,494. | 2,062,032. |
| | rt II | Signature | | | | |
| Unde | er pena | alties of perjury, | I declare that I have examined this return, including accompanying schedules a | and stateme | nts, and to the best of my l | knowledge and belief, it is |
| true, | corre | ct, and complete | Declaration of preparer (other than officer) is based on all information of whic | ch preparer | has any knowledge. | |
| | | | | | | |

| Sign | Signature of officer | | | Date | | |
|-----------|---|----------------------|-------|-----------------|-----------|--|
| Here | KAREN ROCK, PRESIDENT | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check | PTIN | |
| Paid | DAVID LOWENTHAL | DAVID LOWENTHAL | 02/19 | | P00378651 | |
| Preparer | Firm's name PLANTE & MORAN, P | LLC | | Firm's EIN 33- | 1498605 | |
| Use Only | Firm's address 3000 TOWN CENTER, | SUITE | | | | |
| | | £ 48075 | | Phone no. 248 - | 352-2500 | |
| May the I | May the IRS discuss this return with the preparer shown above? See instructions | | | | | |
| LHA For | HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023) | | | | | |

| Form | 990 (2023) 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 | | X |
| 1 | Briefly describe the organization's mission: THE BALDWIN PUBLIC LIBRARY IN BIRMINGHAM, MICHIGAN | FNDTOURG LIVES BY | 7 |
| | PROVIDING OPPORTUNITIES AND RESOURCES FOR EVERYONE | | |
| | AND DISCOVER. | | - / |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed | | |
| | prior Form 990 or 990-EZ? | Ye | s X No |
| • | If "Yes," describe these new services on Schedule O. | | s X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. | | S [A] NO |
| 4 | Describe the organization's program service accomplishments for each of its three largest program s | ervices, as measured by expenses | 5. |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation | | |
| | revenue, if any, for each program service reported. | , , , | |
| 4a | | •) (Revenue \$ | 0.) |
| | YOUTH SERVICES PROGRAMS PRESENTED TO ENCOURAGE YOUN | | ГНЕ |
| | LIBRARY. FIRST GRADE/FIRST CARD, BOOK DISCUSSION (| | |
| | READING, HALLOWEEN PROGRAM, AUTHOR VISITS, AND MISC THROUGH THE YEAR | CELLANEOUS PROGRAM | <u> 15 </u> |
| | INCOGH THE TEAK | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | (Code:) (Expenses \$ 34,327. including grants of \$ 0 | | <u> </u> |
| 4b | (Code:) (Expenses \$34,327. including grants of \$0 ADULT SERVICES PROGRAMS SUMMER READING, AUTHOR VIS | (Revenue \$ | $\frac{0.}{100}$ |
| | GROUPS, MISCELLANEOUS PROGRAMS | LID, DOOR DIDCODD. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ 8,162. including grants of \$ 0 | (Revenue \$ | 0.) |
| | YOUNG ADULT SERVICES PROGRAMS PRESENTED TO ENCOURAG | | |
| | LIBRARY. TEEN CONSULTANTS GROUP, SUMMER READING, BO | OOK DISCUSSION GRO | OUPS |
| | FOR TEENS/YOUNG ADULTS, MISCELLANEOUS PROGRAMS OF | INTEREST THROUGH | THE |
| | YEAR. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | | | |
| | (Expenses \$ 243,506. including grants of \$ 229,772.) (Revenue \$ | 0.) | |
| 4e | Total program service expenses 302,399. | | 000 |
| ac - | | Form | 990 (2023) |
| 332002 | 2 12-21-23 3 | | |
| | | | |

15190219 147228 26153-1

| Form | 990 | (2023) |
|------|-----|--------|

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)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | L |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | L |
| 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 |
| 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 |
| 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 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 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? | | | |
| | 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 | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 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, | | | v |
| | Part VI | <u>11a</u> | | X X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | x |
| - | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| C | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 11c | | x |
| Ь | assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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 | | 11d | | x |
| ۵ | Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | <u> </u> |
| | 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 | <u> </u> | | |
| | 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 | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | 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 |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | v | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | X | (0000) |
| 332003 | 12-21-23 | ⊢orm | 330 | (2023) |

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332003 12-21-23

| Form | 990 | (2023) |
|------|-----|--------|
| | 330 | |

 Form 990 (2023)
 BALDWIN
 PUBLIC
 LIBRARY
 TRUST

 Part IV
 Checklist of Required Schedules
 (continued)

| | | | Vee | Na |
|------------|---|-----------|-----|--------|
| 00 | Did the exercitation report more than 0 5,000 of grants or other excitations 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 | 22 | | |
| 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 | | |
| | 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 | | X |
| 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 | | | |
| | 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% | | | 77 |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 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 | 27 | | x |
| 28 | entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> | 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? If | | | |
| u | "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 | | Х |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 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 | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | 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 | | 37 | |
| 0 - | Part V, line 1 | 34 | X | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| D | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 05h | | |
| 36 | within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 35b | | |
| 30 | 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 | - 00 | | |
| 0, | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 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 | <u></u> . | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 332004 | ¥ 12-21-23 | Form | 990 | (2023) |

| Form | 990 (2023) BALDWIN PUBLIC LIBRARY TRUST | | 38-2404 | 964 | Pa | age 5 |
|---------|---|------------|-----------------------|------------|-----|--------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | |
| | | | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
| | 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 return | ıs? | | 2b | | <u> </u> |
| | | | | 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 | о | | 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | uthori | ty over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccoun | t)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | count | s (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | <u>X</u> |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | | | 5b | | <u> </u> |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e orga | nization solicit | | | 37 |
| | any contributions that were not tax deductible as charitable contributions? | | | <u>6a</u> | | <u> </u> |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ons or | gifts | | | |
| | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | 77 |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | /ices p | rovided to the payor? | 7a | | _X_ |
| | | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | s requ | iired | | | 37 |
| | to file Form 8282? | | l | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | - | | | 37 |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | ? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | 7f | | <u> </u> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | 9 | | | |
| - | | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| | 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 | 11a | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | 441. | | | | |
| 40- | amounts due or received from them.) | <u>11b</u> | | 10- | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 12- | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| h | | | | | | |
| U | 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 | 13b | | | | |
| • | | 13c | | | | |
| | Enter the amount of reserves on hand | | l | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | | 14a 14b | | |
| ы 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | | |
| 15 | excess parachute payment(s) during the year? | | | 15 | | х |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | 15 | | ~ ~ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | incor | ne? | 16 | | х |
| 10 | If "Yes," complete Form 4720, Schedule O. | 11001 | 1e? | | | ~ ~ |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act | ivition | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes," complete Form 6069. | | | | | |
| 332005 | 12-21-23 | | | Form | 990 | (2023) |
| 002000 | | | | | | (-320) |

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| Form 99 | 0 (2023) |
|---------|----------|
|---------|----------|

38-2404964 Page 6

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 | 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 | 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? | 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 | | x | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | X | |
| 6 | Did the organization have members or stockholders? | 6 | | X | |
| - 7a | | | | | |
| | more members of the governing body? | 7a | | x | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | |
| | persons other than the governing body? | 7b | | x | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | 8a | Х | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | |
| Ū | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | x | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | |
| | | | Yes | No | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X | |
| | 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? | 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X | |
| 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 | 12a | Х | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | |
| | on Schedule O how this was done | 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | |
| 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? | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X | |
| b | Other officers or key employees of the organization | 15b | | X | |
| | 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? | 16a | | X | |
| 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? | 16b | | | |
| Sec | tion C. Disclosure | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | |
| 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 only) | availal | ole | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | |
| | Own website Another's website X Upon request Other <i>(explain on Schedule O)</i> | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | nd finar | cial | | |
| | statements available to the public during the tax year. | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | |
| | PAUL GILLIN - 248-554-4683 | | | | |
| | <u>300 WEST MERRILL, BIRMINGHAM, MI</u> 48009–1483 32006 12-21-23 Form 990 (2023) | | | | |
| 332006 | 5 12-21-23 7 | Fori | n 990 | (2023) | |
| | 7 | | | | |

| 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, box 6 of 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) | (C) | | | | | Juit | (D) | (E) | (F) |
|--------------------------|-----------------------|--|---|---------|--------------|---------------------------------|----------------------|------------------------------|--------------------|-----------------------------|
| Name and title | Average | | Position (do not check more than one | | | | | Reportable | Reportable | Estimated |
| | hours per week | box, unless person is both an officer and a director/trustee) | | | | | compensation from | compensation from related | amount of other | |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dire | e. | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related organizations | ustee | In stit utio nal tru stee | | 96 | Highest compensated employee | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | below | dual tr | itional | | Key employee | st con yee | - | 1099-1420) | | organizations |
| | line) | Individual trustee or director | Institu | Officer | Key er | Highe emplo | Former | | | er gan naan er te |
| (1) MELISSA MARK | 1.00 | | | | | | | | | |
| SECRETARY & TRUSTEE | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (2) KAREN ROCK | 1.00 | | | | | | | | | |
| PRESIDENT & TRUSTEE | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (3) DANIELLE RUMPLE | 1.00 | | | | | | | | | _ |
| VICE PRESIDENT & TRUSTEE | 0.00 | Х | | X | | | | 0. | 0. | 0. |
| (4) WENDY FRIEDMAN | 1.00 | | | | | | | | | |
| TRUSTEE | 0.00 | X | | | | | | 0. | 0. | 0. |
| (5) JENNIFER WHEELER | 1.00 | | | | | | | | 0 | 0 |
| TRUSTEE | 0.00 | Х | | | | - | | 0. | 0. | 0. |
| (6) FRANK PISANO | 1.00 | v | | | | | | | 0. | 0 |
| TRUSTEE (7) JAMES SUHAY | 0.00 | Х | | | | | | 0. | 0. | 0. |
| TRUSTEE (PART YEAR) | 0.00 | x | | | | | | 0. | 0. | 0. |
| | 0.00 | | | | | | | | 0. | 0. |
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332007 12-21-23

Form 990 (2023)

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| | 990 (2023) BALDWIN B | UBLIC L | ιIB | RA | RY | ГT | 'RU | ST | | 38-24 | 04 | 964 | Pa | age 8 |
|-----|--|------------------------|-------------------------------|----------------------|---------|---------------|---------------------------------|------------|---------------------------------|-----------------------------|-------|----------|-------------------|--------------|
| Par | t VII Section A. Officers, Directors, Trust | ees, Key Emp | oloy | ees, | and | d Hig | ghes | t C | ompensated Employee | s (continued) | | | | |
| | (A) | (B) | | | (0 | C) | | | (D) | (E) | | | (F) | |
| | Name and title | Average | (do | | | itior more | ۱ than c | one | Reportable | Reportable | | Es | timate | ed |
| | | hours per | box | , unles | ss per | rson i | is both pr/trust | an | compensation | compensation | וו | | nount | of |
| | | week | | | uau | | | .ee) | from | from related | | | other | |
| | | (list any hours for | recto | | | | | | the | organizations | | | pensa | |
| | | related | e or d | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MIS) 1099-NEC) | 6/ | | om the | |
| | | organizations | rustee | trust | | 66 | npens | | 1099-NEC) | 1099-NEC) | | • | anizat d relat | |
| | | below | lual ti | tiona | | yolq r | st cor yee | _ | 1000 NEO | | | | anizati | |
| | | line) | ndividual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orge | Laci | 5110 |
| | | | - | | 0 | × | <u> </u> | | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | | 0. | | 0. | | | 0. |
| с | Total from continuation sheets to Part VI | , Section A | | | | | | | 0. | | 0. | | | 0. |
| d | Total (add lines 1b and 1c) | | | | | | | | 0. | | 0. | | | 0. |
| 2 | Total number of individuals (including but no | | | | | | | | eceived more than \$100,0 | 000 of reportable | | | | |
| | compensation from the organization | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | ſ | | Yes | No |
| 3 | Did the organization list any former officer, | - | | | • | - | | Ŭ | • • | | | | | 37 |
| | line 1a? If "Yes," complete Schedule J for su | | | | | | | | | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | | v |
| _ | and related organizations greater than \$150 | | | | | | | | | | | 4 | | X |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | | _ | | v |
| Sec | rendered to the organization? If "Yes." com tion B. Independent Contractors | plete Schedule | <u>ə J f</u> o | or su | ich r | oers | on . | | | | | 5 | | Х |
| 1 | Complete this table for your five highest cor | npensated ind | epe | nder | nt co | ontra | actor | s th | nat received more than \$ | 100.000 of comp | ensai | tion fro | m | |
| | the organization. Report compensation for t | | | | | | | | | | onou | | | |
| | (A) | | | | | | | | (B) | | | (0 | ;) | |
| | Name and business | address | NC | ONE | 2 | | | | Description of s | ervices | C | ompe | nsatio | า |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors | | nt lin | nitor | 1 + ~ + | ther | | ted | above) who received me | ore than | | | | |
| 2 | Total number of independent contractors (ir \$100,000 of compensation from the organiz | | . III | | | tnos (| • | ieu | | | | | | |
| | | | | | | | | | | | | | 000 | |

332008 12-21-23

| Ра | rt V | /111 | | | | | | | | |
|---|-------|------|--|------------------|--------------|--------------------------|-----------------------------------|-------------------|------------------|--------------------------------------|
| | | | Check if Schedule O c | contains a respo | onse | or note to any line I | <u>e in this Part VIII</u> (A) | (B) | (C) | [] (D) |
| | | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| (0, (0 | 4 | _ | Foderated compaigns | 1a | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ' | | Federated campaigns Membership dues | | | | | | | |
| j G | | | | | | | | | | |
| Ę, | | | Fundraising events | | | | | | | |
| ja je | | | Related organizations | | | | | | | |
| Sirs | | | Government grants (contri All other contributions, gifts, | · · · · · · | | | | | | |
| er ti | | ' | similar amounts not included | - | | 125,895. | | | | |
| ĢË | | g | Noncash contributions included in I | | | 123,0331 | | | | |
| u o la | | - | Total. Add lines 1a-1f | | | | 125,895. | | | |
| 0.0 | | | | | | Business Code | | | | |
| ø | 2 | а | | | | | | | | |
| , vice | - | b | | | | | | | | |
| Ser | | с | | | | | | | | |
| E a | | d | | | | | | | | |
| Program Service Revenue | | e | | | | | | | | |
| Pro | | | All other program service | revenue | | | | | | |
| | | | Total. Add lines 2a-2f | | | | | | | |
| | 3 | | Investment income (includ | | | | | | | |
| | | | other similar amounts) | | | | 73,906. | | | 73,906. |
| | 4 | | Income from investment o | of tax-exempt bo | ond p | roceeds | | | | |
| | 5 | | Royalties | | | | | | | |
| | | | | (i) Rea | | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | |
| | | b | Less: rental expenses \dots | 6b | | | | | | |
| | | С | Rental income or (loss) | 6c | | | | | | |
| | | | Net rental income or (loss) | | | | | | | |
| | 7 | а | Gross amount from sales of | (i) Securit | | (ii) Other | | | | |
| | | | assets other than inventory | 7a 456,15 | o7. | | | | | |
| | | b | Less: cost or other basis | 451 00 | ~ | | | | | |
| Revenue | | | and sales expenses | 7b451,82 | <u> 10 -</u> | | | | | |
| evel | | | Gain or (loss) | | | | 4 2 2 1 | | | 4 2 2 1 |
| ۳, | | | Net gain or (loss) | | | ····· | 4,331. | | | 4,331. |
| Othe | 8 | а | Gross income from fundraisin | | | | | | | |
| 0 | | | | of | | | | | | |
| | | | contributions reported on | - | | | | | | |
| | | | Part IV, line 18 | | 8a 8b | | | | | |
| | | | Less: direct expenses | | | | | | | |
| | | | Net income or (loss) from the Gross income from gamin | • | | | | | | |
| | 9 | a | - | - | 9a | | | | | |
| | | h | Part IV, line 19 Less: direct expenses | | 9a 9b | | | | | |
| | | | Net income or (loss) from | | | · | | | | |
| | | | Gross sales of inventory, le | | ĭ | | | | | |
| | | ŭ | and allowances | | 10a | | | | | |
| | | b | Less: cost of goods sold | | | | | | | |
| | | | Net income or (loss) from : | | | | | | | |
| | | | (, | | | Business Code | | | | |
| sno | 11 | а | | | | | | | | |
| nue | | b | | | | | | | | |
| scellaneo Revenue | | с | | | | | | | | |
| Miscellaneous Revenue | | d | All other revenue | | | | | | | |
| 2 | | | Total. Add lines 11a-11d | | | | | | | |
| | 12 | | Total revenue. See instructio | ons | | | 204,132. | 0. | 0. | 78,237. |
| 33200 | 9 12- | -21- | 23 | | | | | | | Form 990 (2023 |

Form 990 (2023)

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38-2404964

BALDWIN PUBLIC LIBRARY TRUST Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a respon | se or note to any line in | this Part IX | · · · · | |
|---------|---|------------------------------|-------------------------------|------------------------------|---------------------------|
| | not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| 7b, | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | 000 550 | | | |
| | and domestic governments. See Part IV, line 21 | 229,772. | 229,772. | | |
| 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 | | | | |
| 0 | section 401(k) and 403(b) employer contributions) | | | | |
| 9 10 | Other employee benefits Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| '' a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 3,925. | | 3,925. | |
| d | Lobbying | 0,0201 | | 0,0201 | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 0 | column (A), amount, list line 11g expenses on Sch 0.) | | | | |
| 12 | Advertising and promotion | 3,148. | | 3,148. | |
| 13 | Office expenses | 10,103. | | 10,103. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials \dots | | | | |
| 19 | Conferences, conventions, and meetings | 1,515. | | 1,515. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 981. | | 0.01 | |
| 23 | | 901. | | 981. | |
| 24 | Other expenses. Itemize expenses not covered 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.) | | | | |
| а | ADMINI COD ADTON & ODUDD | 98,935. | | 98,935. | |
| b | PROGRAM EXPENSES | 53,193. | 53,193. | • - | |
| c | BOOKS, VIDEOS, DVDS | 19,434. | 19,434. | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 421,006. | 302,399. | 118,607. | 0. |
| 26 | 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 if following SOP 98-2 (ASC 958-720) | | | | 000 |

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11 2023.05050 BALDWIN PUBLIC LIBRARY TR 26153-12

Form 990 (2023)

15190219 147228 26153-1

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| | | Check if Schedule O contains a response or note to any 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 | 497,009. | 2 | 501,794. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | 1,622,485. | 11 | 1,560,238. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 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 equal line 33) | | 16 | 2,062,032. |
| | 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 Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| bili | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | 27 | |
| | 20 | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | | | 25 | |
| | 26 | or Schedule D Total liabilities. Add lines 17 through 25 | 0. | | 0. |
| | 20 | Organizations that follow FASB ASC 958, check here | | 20 | |
| ŝ | | and complete lines 27, 28, 32, and 33. | | | |
| ů | 27 | | 382,422. | 27 | 514,856. |
| ala | 28 | Net assets without donor restrictions | 1,737,072. | 28 | 1,547,176. |
| ЧB | 20 | Organizations that do not follow FASB ASC 958, check here | 1,131,012 | 20 | 1,547,1700 |
| 5 | | • · · · · | | | |
| <u>r</u> | 20 | and complete lines 29 through 33. | | 20 | |
| ŝts | 29 | Capital stock or trust principal, or current funds | | 29 | |
| SSE | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | 2 062 022 |
| ž | 32 | Total net assets or fund balances | | 32 | 2,062,032. |
| | 33 | Total liabilities and net assets/fund balances | 2,119,494. | 33 | 2,062,032. |

Form **990** (2023)

Form 990 (2023) BALDWIN PUB

| Form | BALDWIN PUBLIC LIBRARY TRUST | 38- | -2404964 | Pag | _{ge} 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 | | 1,1 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | L,0 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -216 | 5,8' | 74. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,119 | <u> </u> | |
| 5 | Net unrealized gains (losses) on investments | 5 | 159 | 9,4 3 | 12. |
| 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 | 2,062 | 2,0: | <u>32.</u> |
| 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 Cash Corual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | 0. | | | |
| 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 | | | 37 | |
| 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 | basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis 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 | | | v | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | X | |
| • | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | dule C |). | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | v |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 000 | |

Form **990** (2023)

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 |
|------------------------------|
| 2023 |
| Open to Public Inspection |

Т

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

| Name o | f the organization | | | | | | Employer | identification number |
|----------|---------------------------------------|--------------------------|---|--------------------|-----------------|----------------------------------|---------------|---|
| | | | LIBRARY TRU: | | | | | 8-2404964 |
| Part I | Reason for Public | Charity Status. | All organizations must c | omplete th | nis part.) S | ee instruction | s. | |
| The orga | anization is not a private found | lation because it is: (F | For lines 1 through 12, c | heck only o | 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 operate | ed by a go | vernmental u | nit describe | d in |
| | section 170(b)(1)(A)(iv). (0 | Complete Part II.) | | | | | | |
| 6 | A federal, state, or local go | vernment or governm | ental unit described in | section 17 | ′0(b)(1)(A) | (v). | | |
| 7 | An organization that norma | ally receives a substar | ntial part of its support fi | rom a gove | ernmental | unit or from th | ne general p | oublic described in |
| _ | _ section 170(b)(1)(A)(vi). (C | complete Part II.) | | | | | | |
| 8 | A community trust describe | | | | | | | |
| 9 | An agricultural research org | - | | | - | | - | - |
| | or university or a non-land- | 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 | janization a | tter June 30, 1975. |
| 11 | See section 509(a)(2). (Co | . , | volu to tost for public on | foty Soo | nantion E(| O(a)(4) | | |
| 12 X | An organization organized a | - | • | • | | | rny out thou | ourposes of one or |
| 12 13 | more publicly supported or | - | - | | | | • | - |
| | lines 12a through 12d that | - | | | | | | |
| a | Type I. A supporting orga | • • | | | | | - | nivina |
| | the supported organization | | | • • • • | - | | | |
| | organization. You must o | | | inajonity o | | | | pporting |
| b | X Type II. A supporting org | - | | tion with its | s supporte | d organizatio | n(s), by hav | ina |
| | control or management of | - | | | | - | | • |
| | organization(s). You mus | | | | | | 5 | |
| с [| Type III functionally inte | - | | in connect | ion with, a | and functional | ly integrate | d with, |
| | its supported organizatio | | | | | | | |
| d [| Type III non-functionally | y integrated. A supp | orting organization oper | ated in co | nnection w | ith its suppor | ted organiz | ation(s) |
| | that is not functionally inf | tegrated. The organiz | ation generally must sat | isfy a distr | bution rec | uirement and | an attentiv | eness |
| | 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, o | r Type III non-functior | nally integrated supporti | ng organiz | ation. | | | |
| | nter the number of supported of | • | | | | | | 1 |
| g Pr | ovide the following information | | | (iv) Is the orga | nization listed | (1) Amount of | | |
| | (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 | | | |
| | WIN PUBLIC | | C | | | | 770 | 116 100 |
| LIBR | ARI | 38-6004664 | 6 | X | | | ,772. | 416,100. |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | | | | | 229 | ,772. | 416,100. |

| | A (Form 990) |) 2023 |
|---------|--------------|--------|
| Part II | Suppor | t Sc |

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 | ction A. Public Support | | | | | | |
|------|--|----------------------|----------------------|-------------------------|---------------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | 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, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | ne organization's f | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) | |
| | organization, check this box and stop | ohere | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | rcentage | | | <u> </u> | |
| 14 | Public support percentage for 2023 (I | ine 6, column (f), c | divided by line 11, | column (f)) | | 14 | % |
| 15 | Public support percentage from 2022 | Schedule A, Part | II, line 14 | | | 15 | % |
| 16a | 33 1/3% support test - 2023. If the | organization did no | ot check the box o | on line 13, and line | 14 is 33 1/3% or n | nore, check this bo | ox and |
| | stop here. The organization qualifies | as a publicly supp | oorted organizatio | n | | | |
| b | 33 1/3% support test - 2022. If the | organization did no | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | 6 or more, check th | nis box |
| | and stop here. The organization qual | ifies as a publicly | supported organiz | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2023. If the or | ganization did not | check a box on lin | ne 13, 16a, or 16b, | and line 14 is 10% | or more, |
| | and if the organization meets the fact | s-and-circumstanc | ces test, check this | s box and stop h | ere. Explain in Parl | t VI how the organi | zation |
| | meets the facts-and-circumstances te | st. The organization | on qualifies as a p | ublicly supported of | organization | | |
| b | 10% -facts-and-circumstances test | - 2022. If the or | ganization did not | check a box on lin | ne 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne facts-and-circur | nstances test, che | eck this box and | stop here. Explain | in Part VI how the | |
| | organization meets the facts-and-circu | umstances test. Th | he organization qu | alifies as a public | y supported organ | ization | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | 6a, 16b, 17a, or 17 | b, check this box a | and see instruction | s |
| | | | | | | Schedule A | (Form 990) 2023 |

| Schedule A | | or Organizatio | LIBRARY | |
|------------|--|----------------|-------------|--|
| | | | | |

(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.)

| Section A. Public | Support | | | | | | |
|---|---|---------------------------|----------------------|---------------------|---------------------|-----------------|-----------------------|
| Calendar year (or fiscal y | ear beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 Gifts, grants, cont | ributions, and | | | | | | |
| membership fees | received. (Do not | | | | | | |
| include any "unus | ual grants.") | | | | | | |
| 2 Gross receipts from merchandise sold formed, or facilitie any activity that is organization's tax- | or services per- s furnished in related to the | | | | | | |
| 3 Gross receipts from are not an unrelate | | | | | | | |
| iness under sectio | n 513 | | | | | | |
| 4 Tax revenues levie ization's benefit ar | ç | | | | | | |
| or expended on its | s behalf | | | | | | |
| 5 The value of service furnished by a gove the organization w | vernmental unit to | | | | | | |
| 6 Total. Add lines 1 | | | | | | | |
| 7a Amounts included 3 received from di | on lines 1, 2, and | | | | | | |
| b Amounts included on line from other than disqualif exceed the greater of \$5 amount on line 13 for the | ied persons that ,000 or 1% of the 9 year | | | | | | |
| c Add lines 7a and 7 | 7b | | | | | | |
| 8 Public support. (S Section B. Total S | | | | | | | |
| Calendar year (or fiscal y | ear beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 Amounts from line | 6 | | | | | | |
| 10a Gross income from dividends, paymen securities loans, read and income from s | nts received on ents, royalties, | | | | | | |
| b Unrelated business t | axable income | ļ | | | | | |
| (less section 511 tax acquired after June 3 | es) from businesses 30, 1975 | | | | | | |
| c Add lines 10a and | | | | | | | |
| 11 Net income from u activities not inclu whether or not the regularly carried o | Inrelated business ded on line 10b, business is | | | | | | |
| 12 Other income. Do or loss from the sa assets (Explain in | ale of capital | | | | | | |
| 13 Total support. (Add li | nes 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If th | | • | | | | | ization, |
| check this box and | d stop here | | | | | | |
| Section C. Compu | utation of Public | c Support Per | centage | | | | |
| 15 Public support per | • | | | column (f)) | | 15 | % |
| | rcentage from 2022 | | | | | 16 | % |
| Section D. Compu | | | | | | | |
| 17 Investment incom | e percentage for 20 | 23 (line 10c, colur | nn (f), divided by l | ine 13, column (f)) | | 17 | % |
| | e percentage from | | | | | 18 | % |
| 19a 33 1/3% support | | | | | | | ne 17 is not |
| | %, check this box an | - | • | | ••• | | |
| b 33 1/3% support | | | | | | | |
| line 18 is not more | e than 33 1/3%, cheo | ck this box and st | op here. The orga | anization qualifies | as a publicly suppo | orted organizat | |
| 20 Private foundatio | n. If the organizatio | n did not check a | box on line 14, 19 | a, or 19b, check t | his box and see ins | | |
| 332023 12-21-23 | | | 16 | 5 | | Sched | ule A (Form 990) 2023 |

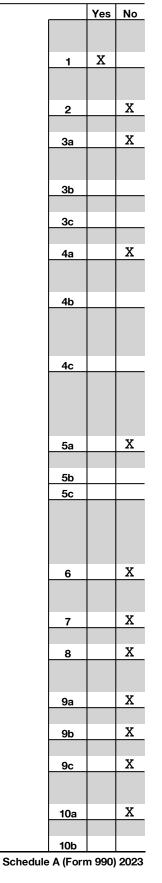
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

332024 12-21-23



17

Schedule A (Form 990) 2023 BALDWIN PUBLIC LIBRARY TRUST

| Sche | edule A (Form 990) 2023 BALDWIN PUBLIC LIBRARY TRUST | <u>38-240496</u> | <u>4</u> 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 | | Х |
| 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 | | Х |
| 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 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp- organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among | icers, orted | | |
| | 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 | | | |
| | | 1 | | |

supported organizations played in this regard.

| Section I | E. Type | III Function | onally Inte | egrated Su | ipportin | g Organiza | tions | |
|-----------|---------|--------------|-------------|------------|----------|------------|-------|--|
| | | | | | | | | |

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. |
|---|--|------------------|---------------|----------------|-----------|----------------|------------------------|
|---|--|------------------|---------------|----------------|-----------|----------------|------------------------|

| С | | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions) |). |
|---|--|---|--|----|
|---|--|---|--|----|

- 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.

Yes No

З

332025 12-21-23

18

| Schedule A (Fo | rm 990 |) 2023 |
|----------------|--------|--------|
|----------------|--------|--------|

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | a trust on | Nov. 20. 1970 (explain in | Part VI). See instructions. |
|------|--|------------|----------------------------|--------------------------------|
| - | All other Type III non-functionally integrated supporting organizations must | | • | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current 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 | | |
| C | 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) 2023

332026 12-21-23

BALDWIN PUBLIC LIBRARY TRUST Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| га | I V Type III NOT-1 unclionally integrated 503 | (a)(5) Supporting Orga | Contini | ued) | |
|-------|--|-------------------------------|---------------------------------------|------|---|
| 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 | 3 | 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 (describe in 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 2023 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2023 | ns | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| а | From 2018 | | | | |
| b | From 2019 | | | | |
| с | From 2020 | | | | |
| d | From 2021 | | | | |
| е | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2023 distributable amount | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2023 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| | Excess from 2022 | | | | |

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A (Form 990) 2023

| Schedule A | (Form 990) 2023 | BALDWIN | | | | | 38-2404964 | Page 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 | le the explanati | ons required b | v Part II, line 10: | Part II, line 17a or , Section B, lines 1 art V, line 1; Part V part for any addition | 17b: Part III, line 12: | |
| | (See instructions.) | o, and r art v, 06 | | , 0, 410 0. Aloc | | | | |
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| 332028 12-21-2 | 3 | | | | | | Schedule A (Form 9 | 90) 2023 |
| | | | | 21 | | | - | |

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

| Schedule | В |
|------------|---|
| (Form 990) | |

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

BALDWIN PUBLIC LIBRARY TRUST

| 3 | 8- | 24 | 04 | .9 | 64 |
|---|----|----|----|----|----|

| c <i>n</i> (| |
|---------------------|--|
| Filers of: | Section: |
| Form 990 or 990-EZ | X 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

Г

| 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 1 X Person Payroll 41,280. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 51,255. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

15190219 147228 26153-1

Employer identification number

38 - 2404964

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| (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 |
| | | \$ | |

24

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

Name of organization

Part II

BALDWIN PUBLIC LIBRARY TRUST

Employer identification number

38-2404964

Schedule B (Form 990) (2023)

15190219 147228 26153-1

| Schedule I | B (Form 990) (2023) | | | Page 4 | | | |
|---------------------------|---|---|---|--------------------------------|--|--|--|
| Name of o | organization | | | Employer identification number | | | |
| BALDW | IN PUBLIC LIBRARY TRUST | | | 38-2404964 | | | |
| Part III | Exclusively religious, charitable, etc., contribution | | | | | | |
| | from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, co | haritable, etc., contributions of \$1,000 or le | For organizations SS for the year. (Enter this info. c | once.) \$ | | | |
| (a) No. | Use duplicate copies of Part III if additional s | space is needed. | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | (e) Transfer of gift | | | | | |
| | | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of tra | nsferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from | | I | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of tra | nsferor to transferee | | | |
| | | | · | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | (e) Transfer of gift | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of tra | nsferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | | |
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| | | (e) Transfer of gift | · | | | | |
| | Transferee's name, address, a | ad 7 IP ± 4 | Relationship of the | nsferor to transferee | | | |
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| 323454 12-26 | l 6-23 | I | | Schedule B (Form 990) (2023) | | | |

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Department of the Treasury

Internal Revenue Service

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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.



Employer identification number

38-2404964

Name of the organization

BALDWIN PUBLIC LIBRARY TRUST

| | | (a) Donor advised funds | (b) Funds 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 wr | iting that the assets held in donor advi | ised funds |
| | are the organization's property, subject to the organization's ex | clusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor adv for charitable purposes and not for the benefit of the donor or o impermissible private benefit? | donor advisor, or for any other purpose | e conferring |
| | rt II Conservation Easements. Complete if the orga | | , Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (for example, recreation | on or education) | of a historically important land area |
| | Protection of natural habitat | Preservation of | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifier | d conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Yea |
| а | Total number of conservation easements | | |
| b | Total acreage restricted by conservation easements | | |
| С | Number of conservation easements on a certified historic struc | | |
| d | Number of conservation easements included on line 2c acquire | | |
| | on a historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, relea | ased, extinguished, or terminated by th | e organization during the tax |
| 4 | Number of states where property subject to conservation easer | ment is located | _ |
| 5 | Does the organization have a written policy regarding the period | dic monitoring, inspection, handling of | i |
| | violations, and enforcement of the conservation easements it h | olds? | Yes 🛛 N |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, ha | andling of violations, and enforcing cor | servation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handlin | ng of violations, and enforcing conserv | ation easements during the year |
| 8 | Does each conservation easement reported on line 2d above s | atisfy the requirements of section 170(| (h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes N |
| 9 | In Part XIII, describe how the organization reports conservation | easements in its revenue and expension | e statement and |
| | balance sheet, and include, if applicable, the text of the footnot | te to the organization's financial staten | nents that describes the |
| D - | organization's accounting for conservation easements. | | |
| Par | rt III Organizations Maintaining Collections of A | | ither Similar Assets. |
| | Complete if the organization answered "Yes" on Form 9 | | |
| 1a | If the organization elected, as permitted under FASB ASC 958, | not to report in its revenue statement | and balance sheet works |
| | of art, historical treasures, or other similar assets held for public | | - |
| | service, provide in Part XIII the text of the footnote to its financi | | |
| b | If the organization elected, as permitted under FASB ASC 958, | | |
| | art, historical treasures, or other similar assets held for public e | xhibition, education, or research in fur | therance of public service, |
| | provide the following amounts relating to these items. | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical treas | | al gain, provide |
| | the following amounts required to be reported under FASB ASC | | |
| | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | | | |
| b | Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for | | |

| Sche | | PUBLIC L | | | | | | | 04964 | | age 2 |
|-------|---|----------------------|---------------|-------------------|------------------|--------------|----------|-------------|---------------|-------|--------------|
| Par | t III Organizations Maintaining C | ollections of | Art, Hist | orical Tre | easures, or (| Other S | imilar | Assets | contin | ued) | |
| 3 | Using the organization's acquisition, accessi | on, and other rec | ords, checl | k any of the | following that n | nake signi | ficant u | se of its | | | |
| | collection items (check all that apply). | | | | | | | | | | |
| а | Public exhibition | | d 🗌 | Loan or exc | hange program | า | | | | | |
| b | Scholarly research | | е 🗌 | Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and exp | lain how th | ney further th | ne organization | 's exempt | purpos | e in Part | XIII. | | |
| 5 | During the year, did the organization solicit of | or receive donation | ns of art, hi | storical trea | sures, or other | similar as | sets | | | | |
| | to be sold to raise funds rather than to be ma | aintained as part o | of the orga | nization's co | llection? | | | 🗆 | Yes | | No |
| Par | t IV Escrow and Custodial Arran | gements Com | plete if the | organization | n answered "Ye | es" on For | m 990, I | Part IV, li | ne 9, or | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | - | - | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | ian, or other interr | nediary for | contributior | ns or other asse | ets not inc | luded | | | | |
| | on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| | | · | 0 | | | | | | 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 F | | | | | | <u> </u> | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | _ | | j |
| Par | | | | | | | | | | | 2 |
| | • | (a) Current yea | r (b) I | Prior year | (c) Two years | back (d) | Three ye | ears back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| e | Other expenditures for facilities | | | | | | | | | | |
| • | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| a | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | | nce (line 1 | a, column (a |)) held as: | | | | | | |
| _ | Board designated or quasi-endowment | • | % | g, column (a | ,) Hold do. | | | | | | |
| h | Permanent endowment | % | /0 | | | | | | | | |
| c | | % | | | | | | | | | |
| Ŭ | The percentages on lines 2a, 2b, and 2c sho | - | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | • | nization tha | at are held a | nd administered | d for the | | | | | |
| 00 | organization by: | | | | | | | | Г | Yes | No |
| | (i) Unrelated organizations? | | | | | | | | 3a(i) | | |
| | | | | | | | | | 3a(ii) | | |
| h | If "Yes" on line 3a(ii), are the related organization | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | _ 00 | | |
| Par | t VI Land, Buildings, and Equipm | | laowinent | | | | | | | | |
| | Complete if the organization answere | | 990, Part I | V, line 11a. S | See Form 990, F | Part X, line | e 10. | | | | |
| | Description of property | (a) Cost o | , | ŕ – | t or other | (c) Accu | | 4 | (d) Book | value | |
| | beschption of property | basis (inve | | | (other) | . , | ciation | | | value | 5 |
| 19 | Land | | | | | | | | | | |
| b | | | | | | | | | | | |
| | Buildings Leasehold improvements | | | 1 | | | | | | | |
| - | | | | | | | | | | | |
| d | Equipment | | | 1 | | | | | | | |
| | Other | | and V. Para | | | | | | | | 0. |
| Total | . Add lines 1a through 1e. (Column (d) must e | equai ⊢orm 990, P | art X, line 1 | <u>uc, column</u> | (<u>B))</u> | | | | D (Form | 000 | |
| | | | | | | | 2 | schedule | וויס ק (רטויח | 99U) | 2023 |

| Schedule [| D (Form 990) 2023 | | LIC LIBRARY | TRUST | | 38-2404964 | Page 3 |
|--------------|----------------------------|------------------------------------|--------------------------|-------------------|--------------------------|---------------------------|--------|
| Part VII | Investments - 0 | Other Securities | | | | | |
| | Complete if the orga | anization answered "Yes" | on Form 990, Part IV, li | ne 11b. See Fo | orm 990, Part X, line 12 |) | |
| (a) Descri | ption of security or categ | Ory (including name of security) | (b) Book value | (c) Me | thod of valuation: Cost | t or end-of-year market v | alue |
| (1) Financ | ial derivatives | | | | | | |
| (2) Closely | | | | | | | |
| (3) Other | | | | | | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |
| (F) | | | | | | | |
| (G) | | | | | | | |
| (H) | | | | | | | |
| Total. (Col. | (b) must equal Form 990 | , Part X, line 12, col. (B)) | | | | | |
| Part VII | | Program Related. | | | | | |
| | | anization answered "Yes" | | | | | |
| | (a) Description of | investment | (b) Book value | (c) Me | thod of valuation: Cost | t or end-of-year market v | alue |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| | (b) must equal Form 990 | , Part X, line 13, col. (B)) | | | | | |
| Part IX | J | | | | | | |
| | Complete if the orga | anization answered "Yes" | | ne 11d. See Fo | orm 990, Part X, line 15 | | -1 |
| | | (a) | Description | | | (b) Book va | lue |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| | umn (b) must equal Fo | <u>rm 990, Part X, line 15, co</u> | l. (B)) | | | | |
| Part X | 1 | | an Faire 000 Dart IV/ I | | | lin e 05 | |
| | | anization answered "Yes" | on Form 990, Part IV, II | ne lie or lit. | See Form 990, Part X, | | |
| <u>1.</u> | | escription of liability | | | | (b) Book va | liue |
| | deral income taxes | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| | | <u>rm 990, Part X, line 25, co</u> | | | | | |
| | | itions. In Part XIII, provide | | | | | |
| organia | zation's liability for unc | ertain tax positions under | FASB ASC 740. Check | k here if the tex | of the footnote has b | een provided in Part XIII | |

Schedule D (Form 990) 2023

332053 09-28-23

| Sche | dule D (Form 990) 2023 BALDWIN PUBLIC LIBRARY TRUS | т | | 38-2 | 404964 | Page 4 |
|------|---|-----------|----------------|--------|--------|-------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Statemen | ts With I | Revenue per Re | | | 6 |
| | 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 | 363 | 544. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 159,412. | | | |
| b | Donated services and use of facilities | 2b | | | | |
| с | Recoveries of prior year grants | 2c | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | |
| е | Add lines 2a through 2d | | | 2e | | <u>412.</u> |
| 3 | Subtract line 2e from line 1 | | | 3 | 204, | 132. |
| 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 | | 132. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statemer | nts With | Expenses per l | Return | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | 4.0.1 | 0.0.6 |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 421 | 006. |
| 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 | 1 1 | | - | | |
| 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 | 421 | ,006. |
| 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. (<i>This must equal Form 990, Part I, line 18.</i>) | | | 5 | 421 | ,006. |
| 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.

332054 09-28-23

| SCHEDULE I (Form 990) Department of the Treasury | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. | | | | | | | | | | | |
|--|---|------------------------------------|--------------------------|--|---|---------------------------------------|---|--|--|--|--|--|
| Internal Revenue Service | Go to www.irs.gov/Form990 for the latest information. | | | | | | | | | | | |
| Name of the organization | PUBLIC LIB | RARY TRUST | | | | | Employer identification number $38 - 2404964$ | | | | | |
| Part I General Information on Grant | | | | | | | 00 2101901 | | | | | |
| Does the organization maintain record criteria used to award the grants or at 2 Describe in Part IV the organization's Part II Grants and Other Assistance | ssistance? procedures for monit | oring the use of grant | funds in the United | l States. | | · · · · · · · · · · · · · · · · · · · | X Yes No | | | | | |
| recipient that received more that | - | | | | anization answered i | es on Form 990, Fait | | | | | | |
| 1 (a) Name and address of organization or government | n (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | | | | |
| BALDWIN PUBLIC LIBRARY 300 WEST MERRILL BIRMINGHAM, MI 48099-1483 | 38-6004664 | SEC. 115; MUNICIPAL | 229,772. | 0. | | | BUILDING IMPROVEMENTS | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Enter total number of section 501(c)(3 3 Enter total number of other organizat | | | | | | | • | | | | | |

3 Enter total number of other organizations listed in the line 1 table

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Schedule I (Form 990) 2023

BALDWIN PUBLIC LIBRARY TRUST TRANSFERRED FUNDS TO CITY'S GENERAL FUND TO

MAINTAIN FUND BALANCE MINIMUM. THE TRANSFER IS APPROVED BY THE BOARD.

38-2404964

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.



38-2404964

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IDEA LAB EXPENSES

EXPENSES \$ 13,734. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

BALDWIN PUBLIC LIBRARY TRUST

TRANSFER FROM THE TRUST FUND TO LIBRARY OPERATING FUND FOR BUILDING

IMPROVEMENTS.

EXPENSES \$ 229,772. INCLUDING GRANTS OF \$ 229,772. REVENUE \$ 0.

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.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

| SCH | IEDULE R |
|-----|-----------------|
| | 1 |

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

38-2404964

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

Name of the organization

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 |
|---|--------------------------------|--|----------------------------|---------------------------|--|
| | - | | | | |
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| | | | | | |

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 tity? |
|--|--------------------------------|---|-------------------------------|---|--|------|--|
| | | | | 501(c)(3)) | | Yes | No |
| BALDWIN PUBLIC LIBRARY - 38-6004664 | | | | | | | |
| 300 WEST MERRILL STREET | | | | | | | |
| BIRMINGHAM, MI 48009 | LIBRARY | MICHIGAN | 115 | | N/A | | х |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 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.

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-----|---------------------|-----------------|---------------------------|---|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | | ortionate tions? | | Genera manag partne | l or Percentage ^{ing} ownership |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | 10 |
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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) (c) (d) Primary activity Legal domicile (state or foreign | | (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 | contr | i) tion o)(13) rolled ity? | |
|---|--|----------|--|--|---|---------------------------------------|-------|--|----|
| | | country) | | | | | | Yes | No |
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Schedule R (Form 990) 2023 BALDWIN PUBLIC LIBRARY TRUST

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

| 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? Image: Comparization of the following transactions with one or more related organizations listed in Parts II-IV? Image: Comparization of the following transactions with one or more related organizations listed in Parts II-IV? Image: Comparization of the following transactions with one or more related organizations (s) Image: Comparization of the following transactions with one or more related organization (s) Image: Comparization (s) Im | Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No | | | | |
|---|-----|--|----|-----|----|--|--|--|--|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a X b Gift, grant, or capital contribution to related organization(s) 1c X c Gift, grant, or capital contribution from related organization(s) 1c X d Loans or loan guarantees to or for related organization(s) 1c X e Loans or loan guarantees by related organization(s) 1e X f Dividends from related organization(s) 1f X g Sale of assets to related organization(s) 1f X g Sale of assets to related organization(s) 1f X i Exchange of assets from related organization(s) 1i X j Lease of facilities, equipment, or other assets from related organization(s) 1i X k Lease of facilities, equipment, or other assets from related organization(s) 1i X l Performance of services or membership or fundraising solicitations for related organization(s) 1i X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1i X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1i X n Sharing of facilities, equipment, mailing lists, or other assets with rela | 1 | | | 165 | | | | | |
| b Gift, grant, or capital contribution to related organization(s) 1b X c Gift, grant, or capital contribution to related organization(s) 1c X d Loans or loan guarantees to or for related organization(s) 1d X e Loans or loan guarantees to or for related organization(s) 1d X f Dividends from related organization(s) 1f X g Sale of assets to related organization(s) 1f X g Sale of assets for related organization(s) 1f X g Sale of assets for related organization(s) 1f X g Sale of assets form related organization(s) 1f X g Sale of assets form related organization(s) 1f X g Lease of facilities, equipment, or other assets to related organization(s) 1i X k Lease of facilities, equipment, or other assets from related organization(s) 1k X g Performance of services or membership or fundraising solicitations by related organization(s) 1n X n Nating of facilities, equipment, mailing lists, or other assets win related organization(s) 1n X | ' | | 10 | | x | | | | |
| c Gift, grant, or capital contribution from related organization(s) 1c X d Loans or loan guarantees to or for related organization(s) 1d X e Loans or loan guarantees by related organization(s) 1e X f Dividends from related organization(s) 1g X g Sale of assets to related organization(s) 1g X h Purchase of assets to related organization(s) 1g X i Exchange of assets to related organization(s) 1h X j Lease of facilities, equipment, or other assets to related organization(s) 1i X k Lease of facilities, equipment, or other assets to related organization(s) 1i X m Performance of services or membership or fundraising solicitations for related organization(s) 1i X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1m X p Reimbursement paid to related organization(s) 1m X p Reimbursement paid to related organization(s) for expenses 1p X r Other transfer of cash or property to related organization(s) 1r X s Other transfer of cash or property to related organization(s) 1r X | | | | | | | | | |
| d Loans or loan guarantees to or for related organization(s) 1d X e Loans or loan guarantees by related organization(s) 1e X f Dividends from related organization(s) 1f X g Sale of assets to related organization(s) 1f X h Purchase of assets from related organization(s) 1h X i Exchange of assets to related organization(s) 1h X j Lease of facilities, equipment, or other assets to related organization(s) 1i X k Lease of facilities, equipment, or other assets from related organization(s) 1i X n Performance of services or membership or fundraising solicitations for related organization(s) 1i X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1m X p Reimbursement paid to related organization(s) 1n X p Reimbursement paid to related organization(s) 1n 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) 1r X | | | | | v | | | | |
| e Loans or loan guarantees by related organization(s) 1e X f Dividends from related organization(s) 1f X g Sale of assets to related organization(s) 1f X g Sale of assets from related organization(s) 1g X h Purchase of assets from related organization(s) 1g X i Exchange of assets with related organization(s) 1i X j Lease of facilities, equipment, or other assets from related organization(s) 1j X k Lease of facilities, equipment, or other assets from related organization(s) 1k X l Performance of services or membership or fundraising solicitations by related organization(s) 1m X n Performance of services or membership or fundraising solicitations by related organization(s) 1m X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n X p Reimbursement paid to related organization(s) for expenses 1p X r Other transfer of cash or property to related organization(s) 1r X s Other transfer of cash or property from related or | | | | | | | | | |
| f Dividends from related organization(s) 1f X g Sale of assets to related organization(s) 1g X h Purchase of assets from related organization(s) 1h X i Exchange of assets with related organization(s) 1h X j Lease of facilities, equipment, or other assets to related organization(s) 1i X k Lease of facilities, equipment, or other assets from related organization(s) 1k X l Performance of services or membership or fundraising solicitations for related organization(s) 1n X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n X n Sharing of paid employees with related organization(s) 1n X p Reimbursement paid to related organization(s) for expenses 1p 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) 1r X | | | 1d | | | | | | |
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| s Other transfer of cash or property from related organization(s) | | | | | | | | | |
| s Other transfer of cash or property from related organization(s) | r | Other transfer of cash or property to related organization(s) | 1r | X | | | | | |
| | s | | 1s | | Х | | | | |
| 2 In the answer to any of the above is res, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | 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 |
|-------------------------------------|---|-------------------------------|--|
| (1) | | | |
| <u>(2)</u> | | | |
| <u>(3)</u> | | | |
| <u>(4)</u> | | | |
| <u>(5)</u> | | | |
| _(6) | | | |

Schedule R (Form 990) 2023 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.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners se 501(c)(3) orgs.? | | (h Dispro tiona allocati |) por- ite ons? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General managin partner | (k) Percentage ownership |
|--|--------------------------------|--|---|--|---|-----------------------------------|--------------------------|---|--------------------------------------|---------------------------------------|
| | | | 3000013 012 014) | Yes No | 5 | Yes | NO | | Yes N | |
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Schedule R (Form 990) 2023

Part VII Supplemental Information

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

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