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990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2015

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2015 calendar year, or tax year beginning September 1 , 2015, and ending August 31 ,2015 C Name of organization D Employer identification number B Check if applicable: Friends of the Baldwin Public Library 38-2093996 Address change Room/suite Number and street (or P.O. box, if mail is not delivered to street address) Name change E Telephone number Initial return 300 West Merrill Street (248) 642 -6739 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Birmingham MI 48009 Number ▶ Application pending Cash ☐ Accrual Other (specify) ▶ H Check ► X if the organization is not G Accounting Method: I Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) — \$\frac{1}{25}501(c)(3) \quad 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF). K Form of organization: Corporation Trust ☐ Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 4 8.79 Gross amount from sale of assets other than inventory 5a Less; cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 236H1.61 C Gaming and fundraising events RECEI Gross income from gaming (attach Schedule G if greater than S of contributions FEB Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract Gross sales of inventory, less returns and allowances 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 43622.66 10 Grants and similar amounts paid (list in Schedule O) HO800.00 11 11 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 13 14 14 15 15 1172.71 16 16 915.89 17 17 42888.60 18 734.06 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 51176.43 Š Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 51910.49

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2015)

Friends of the Baldwin Public Library 38-2093996

Form	990-EZ (2015)					Page 2
Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this l	Partil		🖄
		<u> </u>		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[22041.04	22	22766.31
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		[29 /35.39	24	29 144.18
25	Total assets		[51 176 . 43	25	51910.49
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	51176.43	27	51910.49
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for F	art III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this l	Part III 🔒 🗌		Expenses
Wha	t is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplis	shments for each o	f its three largest p	ogram services		anizations; optional for
	neasured by expenses. In a clear and concise m				~	ers)
pers	ons benefited, and other relevant information for ea	ch program title.	•			
28	Unrestricted grants to the Bo	aldwin Publi	e Library	For		
	programs and materials.		<i>-</i>			
			·····			
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🛮	282	40800.cc
29			· · · · · · · · · · · · · · · · · · ·			
						•
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗆	298	a
30						
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	• 🗖	30	3
31	Other program services (describe in Schedule O)					
		includes foreign gra	ints, check here	▶ □	318	a
32	Total program service expenses (add lines 28a t	hrough 31a)		•	32	
	t IV List of Officers, Directors, Trustees, and Key				stru	ctions for Part IV)
	Check if the organization used Schedule					
		(b) Average	(c) Reportable	(d) Health benefits,	Т.	
	(a) Name and trtle	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and		Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		outer compensation
P	lease see attached list.				1	
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Friends of the Baldwin Public Library 38-2093996

Form 99	0-EZ (2015)		F	age 3
Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
•	detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	-		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1		.
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<u> </u>	×
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		×
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a -o-			
b	Did the organization file Form 1120-POL for this year?	37b		*
38 <i>a</i>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	ļ	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			Ì
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			×
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			Ì
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		\times
41	List the states with which a copy of this return is filed Michigan The states with which a copy of this return is filed Michigan	<u>a) c</u>	117 -	/
42a	The organization's books are in care of \triangleright $To Seph A$, $Wolf, Jr$. Telephone no. \triangleright (24) Located at \triangleright 438 South Glenhurst, Birmingham, MI ZIP+4 \triangleright 48.			
b	Located at ► 438 South Glenhurst, Birming ham, MI ZIP+4 ► 48. At any time during the calendar year, did the organization have an interest in or a signature or other authority over	CDY -	15 Yes	No
_	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b	1.55	X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	<u> </u>		
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
₩	and enter the amount of tax-exempt interest received or accrued during the tax year	• •	•	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			× _
	completed instead of Form 990-EZ	44b		<u>×</u>
C	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		マ
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		*

Friends of the Baldwin Public Library 38-2093996

Form 99	90-EZ (2	015)						Page 4	
								es No	
46	Did t	he organization engage, directly or in	idirectly, in political c	ampaign activities of	n behalf of	or in opposit	ion		
Dowl		ndidates for public office? If "Yes," of		, Рап	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	· 46	<u> </u>	
Part		Section 501(c)(3) organizations		-4' 47 40b - 1					
		All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47–49b and	1 52, and	complete the	e tables for	lines	
					Aleka David V	<i>7</i> 1			
		Check if the organization used Sch	requie O to respond	to any question in	this Part V	/1			
47	Did +	ho organization ongogo in lobbying	activities or have a	naction EO1/h) clasti	i			es No	
~,	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								
40	-	•					47	×	
48 49a		Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	Did the organization make any transfers to an exempt non-charitable related organization?								
ь 50	If "Yes," was the related organization a section 527 organization?								
30	empl	oyees) who each received more than	\$ 100 nighest compen	sated employees (or	ner than o	micers, airect	ors, trustees	and key	
	empi	oyees) who each received more than	TOU,000 OF COMPE	Isation nom the orga		Ith benefits,	e, enter Noi	ne.	
	(2)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		ons to employee	(e) Estimated a	amount of	
		lone	devoted to position	(Forms W-2/1099-MISC		ns, and deferred	other compe	ensation	
		ione -			com	pensation			
						ļ			
					 				
]					
					 				
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	· -				1				
51 ———	Com	number of other employees paid over plete this table for the organization' ,000 of compensation from the orga	s five highest compe	ensated independent	t contracto	ors who each	received m	ore than	
	(a)	Name and business address of each independ	lent contractor	(b) Type of ser	(c)	(c) Compensation			
		lone							
*		***************************************							
d	Total	number of other independent contra	ctors each receiving	over \$100,000	► No	ne			
52		the organization complete Schedu pleted Schedule A	le A? Note: All se	ction 501(c)(3) orga	anizations	must attach	a ▶⊠ Yes [□No	
Under p	·	of perjury, I declare that I have examined this r	eturn, including accompany						
true, cor	rect, an	d complete Declaration of preparer (other than	officer) is based on all info	rmation of which preparer	has any knov	vledge	g		
Sign		Signature of officer				January	6,2017	Jan	
Here		Joseph A. Wolf, Jr. Treasurer Type or print name and title							
			Preparer's signature	- In	ate	· · · · · · · · · · · · · · · · · · ·	PTIN		
Paid		Print/Type preparer's name	reparer a signature		aic	Check	if		
D		İ	1	l l		self-employ	euj		
Prep									
Use (Firm's name ▶ Firm's address ▶				irm's EIN ▶			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

	Friendso	of the 13	aldwin Publi	c Lib	rary	38-2093	1996			
Pai						art.) See instruction				
1	organization is not a private founda	hes, or associati	on of churches descri	ibed in s e	ection 17	O(b)(1)(A)(i).				
2	A school described in section		· ·			• •				
3 4										
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit describe	d ir		
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general pu	blic		
8	☐ A community trust described in	n section 170(b))(1)(A)(vi). (Complete l	Part II.)						
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and fter June 30, 197	functions—subject to unrelated business 75. See section 509 (a	certain taxable i a)(2). (Co	exception ncome (l mplete Pa	ns, and (2) no more ess section 511 ta art III.)	than 331/3% of	fits		
10	An organization organized and	•	•							
11	An organization organized and one or more publicly supported the box in lines 11a through 110	d organizations d	lescribed in section 5	09(a)(1) o	r section	509(a)(2). See sect	i on 509(a)(3). Ch			
а	☐ Type I. A supporting organize the supported organization(sorganization. You must company to the support of the supported organization. You must company to the support of the suppo) the power to re	egularly appoint or ele							
b	☐ Type II. A supporting organized control or management of the organization(s). You must control to the control organization (s). You must control to the control of the control organization (s).	e supporting org	janization vested in th		-	•		ĺ		
С	Type III functionally integra its supported organization(s)						y integrated with	ì,		
d	Type III non-functionally integrated that is not functionally integrated requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and				
е		ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III			
f g	Enter the number of supported or Provide the following information	_	oorted organization(s).				[
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)	—— e		
	_			Yes	No					
(A)	Baldwin Public Library Trust	38- 240964	9	×		40800.00	- 0 -			
(B)							<u> </u>			
(C)										
(D)										
(E)										
Tata						#40800,00	-0-			

Schedu	le A (Form 990 or 990-EZ) 2015						Page 3
Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please c	omplete Part	II.)	·
	on A. Public Support			1			
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	22560	18610	25544	22741	19972	109427
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24914	2705/	26903	26465	26042	131 37 5
3	Gross receipts from activities that are not an unrelated trade or business under section 513				61		61
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					-	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.	47474	45661	52447	49 267	46014	240 863
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						240863
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	47474	45661	52 447	49267	46014	240863
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	81	54	10	9	.9	163
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	81	54	10	9	9	163
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	47555	45715	52457	49276	46023	241026.
14	First five years. If the Form 990 is for the organization, check this box and stop he				h, or fifth tax y		
Secti	on C. Computation of Public Support	rt Percentag	е				
15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15					99.43 %	
16	Public support percentage from 2014 Sci			<u> </u>	<u> </u>	16	99.90 %
	on D. Computation of Investment In					1 := 1	
17	Investment income percentage for 2015	-	• •	-			0.07 %
18	Investment income percentage from 2014						0.10 %

17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . \blacktriangleright

b 33½% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 20**15**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** Friends of the Baldwin Public Library Part 1, Line 10 Grants to the Baldwin Public Library Trust #40800.00 # 142.00 Miscellaneous Expuses Part 2, Line 24 Ireland Estate Gift CD beginning of year and \$29144.18 at end of year.