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# SCANNED JUL 1 2 2010

**Return of Organization Exempt From Income Tax** 

\*Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury ► The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service

Open to Public Inspection

A F	or the	e 2009 calendar year, or tax year beginning and ending	)	
B 0	heck if	C Name of organization	D Employer identif	ication number
$\overline{}$	Addre	es label or ATT I DDOOK EDER I IDDADY EDILOR		
Ē	Name	type	13-6	078769
F	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room/s		
Ē	Termi	Conceite		677-4266
$\vdash$	Amen	ded tions City or town state or country and ZID . 4	G Gross receipts \$	1,473,202.
	Applic	1 1 '	H(a) Is this a group r	
	pendi		for affiliates?	Yes X No
		44 FRONT STREET, P.O. BOX 1447, MILLBROOK,	, N H(b) Are all affiliates in	
1 1	ax-ex	empt status 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527		a list (see instructions)
		te: N/A	H(c) Group exemption	
				M State of legal domicile: NY
	art I	Summary		
_	1	Briefly describe the organization's mission or most significant activities TO PROVI	DE FUNDS TO T	HE
Activities & Governance		MILLBROOK FREE LIBRARY.		
na	ľ	Check this box  if the organization discontinued its operations or disposed of	more than 25% of its net a	ssets.
Ve	1	Number of voting members of the governing body (Part VI, line 1a)	3	0
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
SS.	1	Total number of employees (Part V, line 2a)	5	0
iţi	l	Total number of volunteers (estimate if necessary)	6	0
ξ	1	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
⋖		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		
ğ	ı	Program service revenue (Part VIII, line 2g)		
Revenue	ı	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	271,024.	118,739.
Œ	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	ı	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	271,024.	118,739.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	168,000.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
Ø	15	Salaries, other compensation, employee benefits (Part IX, qolumn (A), lines 5-10)	1,348.	1,521.
Expenses	16a	Professional fundraising fees (Fatilix Columb Att. Ine 11e)		
g.		Total fundraising expenses (Part IX, column (D), line 25)		
ш		Other expenses (Part IX, Commn (A), lines 1 1 a 1 1 d 1 1 f 2 d)	17,836.	4,781.
	18	Total expenses Add lines 13 17 (Must equal Part IX, column (A), line 25)	187,184.	
	19	Revenue less expenses Subtract line 18 from line 12	83,840.	-28,196.
Ses		OGDEN IIT	Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	4,062,815.	4,034,619.
ASS d d B S d	21	Total liabilities (Part X, line 26)		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	4,062,815.	4,034,619.
Pa	art II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know		dge and belief, it is true, correct,
Sig	n	Dak Hully VIA rust (ficer	5-13	2010
Her	е	Signature of officer	Date	
		KATHRYN M. HURLEY, V.P./TRUST OFFICER	<u> </u>	
		Type or print name and title		
Paid		Preparer's Date	self- (see #	rer's identifying number nstructions)
_		signature TAMMY S. ACARD, CPA 05/12/10	employed	P00187388
Use	arer's Only	Firm's name (or yours if KIRSHON & COMPANY, P.C.	EIN ▶ 14-	-1569720
U36	Jilly	self-employed), address, and		
		ZIP+4 POUGHKEEPSIE, NY 12601	Phone no. ► 8	<u>845-473-1811</u>
May	the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
9320	01 02-0	14-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	e instructions.	Form <b>990</b> (2009)

Form **990** (2009)

Form 990 (2009) MILLBROOK FREE LIBRARY TRUST
Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  1 If Yes, compiler Schedule Complete Schedule B, Schedule C, Cantributors?  2 Is the organization required to complete Schedule B, Schedule C, Cantributors?  3 A X  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If "Yes," compilete Schedule C, Part II  5 Section 501(c)(3) organizations. Did the organizations is the organizations between the section 603(9) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II  5 Section 501(c)(3) organizations and 501(c)(6) organizations. Is the organizations usually to the section 603(9) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II  6 Did the organization reserved nothal conservation easement, including assements to preserve open space, the environment, instend areas, or historic structures? If "Yes," complete Schedule D, Part II  7 Did the organization report an amount of arth, instencial reseaues, or other similar assets? If "Yes," complete Schedule D, Part IV  8 Did the organization report an amount of repart, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization report an amount for investments or debt negotiation services? If "Yes," complete Schedule D, Part IV  11 Is the organization report an amount for investments, or other securities in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV  10 Did the organization report an amount for investments, order securities in Part X, line 10? If "Yes," complete Schedule D, Part IV  12 Did the organization report an amount for meastments, order and part X, line 10? If "Yes," complete Schedule D, Part IV  13 Did the organization report an amount for meastments, order and part X, line 10? If "Yes," complete Schedule D, Part X  14 Did the organization report an amount for meastments, program rel				Yes	No
2 Is the organization reguired to complete Schedule B., Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "res." complete Schedule C, Part II  Section 501(c)(8), organizations, obtained on the organizations is the organizations subject to the section 603(9) inches and reporting requirement and proxy tax III "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts III "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, instinced treasures, or other similar assets? II "Yes," complete Schedule D, Part II  Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part II  Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV  Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part IV  Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part X  Did the organization report an amount for other liabilities in Part X, line 120 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part X  Did the organization report an amount for other liabilities in Part X, line 20° If "Yes," complete Schedule D, Part X  Did the organization separate,	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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 II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(5), and 501(c)(6), complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6), complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6), complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6), and 501(c)(6		If "Yes," complete Schedule A	1	Х	
public office? **I **res*** complete Schedule C, Part I **Section 501(c)(3) organizations. Dut the organization subject to the section 6033(e) notice and reporting requirement and proxy tax** if **Yes,** complete Schedule C, Part II **Det to the section 6033(e) notice and reporting requirement and proxy tax** if **Yes,** complete Schedule C, Part II **Dut the organization and yonor advised funds or any similar funds or accounts **West of the first of the part of the provide advise on the distribution or investment of amounts in such funds or accounts **I** "Yes,** complete Schedule D, Part II **Dut the organization reserved or roll of a conservation easement, including easements to pressive open space, the environment, historical treasures, or other similar assets? If **Yes,** complete Schedule D, Part II **Dut the organization areas or historic structures? If **Yes,** complete Schedule D, Part II **Dut the organization and amount in Part X, line 21, 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 **Dut the organization report an amount in Part X, line 21, 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 **If **If **Yes,** complete Schedule D, Part IV **If **If **Yes,** complete Schedule D, Part IV **If **If **If **If **If **If **If *	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X_
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5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts where 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 II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not isted in Part X, or provide credit counseling, diebt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV III Is the organization report an amount for line displaying the part V III Is the organization report an amount for line standard in Part X, line 10? If "Yes," complete Schedule D, Part V III Is the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III Is the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Is the organization report an amount for other liabilities in Part X, line 15? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII Is the tax year? If "Yes," complete Schedule D, Part X III Is the tax year include a total other diseases the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Is It Is I		public office? If "Yes," complete Schedule C, Part I	3		
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9 Did the organization report an amount in Part X, line 21, 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 10 Did the organization, developed provided assets in term, permanent, or quasi-endowements? 10 X 3 is the organization sanswer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_
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11 is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII  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 Part X, line 16° If "Yes," complete Schedule D, Part X III  Did the organization report an amount for other liabilities in Part X, line 15° If "Yes," complete Schedule D, Part X  Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48° If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IX, III, and XIII is optional  12			9		X
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located outside the United States? If "Yes," complete Schedule F, Part III  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  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  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  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 X		·	15		X
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  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  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  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 X	4-		16	-	
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  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  Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 X	1/		4-		v
1c and 8a? If "Yes," complete Schedule G, Part II  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  Did the organization operate one or more hospitals? If "Yes," complete Schedule H  18	40		1/	<del>                                     </del>	
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 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	10		10		Y
complete Schedule G, Part III  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 X	10		10	<del>  -</del>	-47
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	ıð		10		x
	20				
		Service State Stat		990 (	

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Part IV Checklist of Required Schedules (continued)

<ul> <li>Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II</li> <li>Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III</li> <li>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J</li> </ul>	22	Yes	X
<ul> <li>United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II</li> <li>Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III</li> <li>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete</li> </ul>	22	X	х
<ul> <li>Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III</li> <li>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete</li> </ul>	22	Δ.	x
column (A), line 2? If "Yes," complete Schedule I, Parts I and III  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			<u>x</u>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		ļ
	23		
Schedule 3	25		x
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	1		
Schedule K. If "No", go to line 25	24a		x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		$\vdash$
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2.70		
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			ĺ
Schedule L, Part I	25b		x_
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
Schedule L, Part III	27		_X_
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
contributions? If "Yes," complete Schedule M	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations?			l
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
Was the organization related to any tax-exempt or taxable entity?		37	
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34_	X	<del> </del>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?			١.,
If "Yes," complete Schedule R, Part V, line 2	35		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
If "Yes," complete Schedule R, Part V, line 2	36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	2~		v
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Hote, in Form 550 mers are required to complete Schedule O	Form		2000

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Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	. 1	<u> </u>		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	ļ	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gamıng			
	(gambling) winnings to prize winners?			1c		
<b>2</b> a	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		<u>0</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	ļ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	ınstru	ctions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	_3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b_	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank a	ınd			
	Financial Accounts					<b></b>
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b	<del> </del>	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders and the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders and Tax-Exempt Entity Regarders	arding	Prohibited	1_		
	Tax Shelter Transaction?			5c	<del> </del>	<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne orga	anization solicit			х
	any contributions that were not tax deductible?	a	r outto	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribu- were not tax deductible?	lions o	rgiits	6b	•	
7	Organizations that may receive deductible contributions under section 170(c).			105		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	annds	and services			
a	provided to the payor?	good		7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uıred			
	to file Form 8282?			7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	person	al			İ
	benefit contract?			7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f	ļ	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as re	quired?	7h	—	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	_				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess bu	ısıness holdıngs			
	at any time during the year?			8_		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			<u>9a</u>		<del></del>
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	<del> </del> -	
10	Section 501(c)(7) organizations. Enter	40-	İ			
a	Initiation fees and capital contributions included on Part VIII, line 12  Grans receipts, included on Form 900. Part VIII, line 12, for public use of club facilities.	10a		$\dashv$	1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		$\dashv$		
11	Section 501(c)(12) organizations. Enter.  Gross income from members or shareholders	11a				
a h	Gross income from other sources (Do not net amounts due or paid to other sources against	118		$\dashv$		
b	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	x	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	0		<del>                                     </del>	
	The state of the s	<del></del> ,	· · · · · · · · · · · · · · · · · ·		990	(2009)

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 in Schedule O. See instructions

Sec	tion A. Governing Body and Management										
			_			Yes	No				
1a	Enter the number of voting members of the governing body	1a	_	0							
b	Enter the number of voting members that are independent	1b		0							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other		İ						
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision								
	of officers, directors or trustees, or key employees to a management company or other person?				3		X				
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 99	0 was filed?		4		<u>X</u>				
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?			5		X				
6	Does the organization have members or stockholders?				6		X				
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers	of the								
	governing body?			ļ	7a		_X_				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?	•	ļ	7b		_X_				
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year								
	by the following										
а	The governing body?			ļ	8a		<u> X</u>				
b	Each committee with authority to act on behalf of the governing body?			ļ	8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched :	at the	ŀ							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u>X</u>				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code )								
				Г		Yes	No				
	Does the organization have local chapters, branches, or affiliates?				10a		<u> </u>				
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,								
	and branches to ensure their operations are consistent with those of the organization?			}	10b	37					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling th	e form?	}	11	<u>X</u>					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990						77				
	Does the organization have a written conflict of interest policy? If "No," go to line 13			}	12a		X				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld giv	e rise		401						
	to conflicts?	II.Z H	-t	}	12b						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	res,	describe	]	40.						
40	In Schedule O how this is done			}	12c		v				
13	Does the organization have a written whistleblower policy?			ŀ	13 14		X				
14 15	Does the organization have a written document retention and destruction policy?	al by ir	danandant	ŀ	14						
15	Did the process for determining compensation of the following persons include a review and approva- persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ai Uy ii	idependent								
_	The organization's CEO, Executive Director, or top management official				15a		х				
	Other officers or key employees of the organization			ŀ	15b		X				
IJ	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			ŀ	.00						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a								
a	taxable entity during the year?				16a		x				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate i	ts participation	ŀ							
-	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization										
	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 ▶NY										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(501(	c)(3)s only) avai	lable	for						
	public inspection. Indicate how you make these available. Check all that apply										
	Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict	of interest police	cy, an	d fina	ncıal					
	statements available to the public										
20	State the name, physical address, and telephone number of the person who possesses the books at	nd rec	ords of the orga	ınızat	ion. 🕨	·					
	BANK OF MILLBROOK - 845 677-4266										
	44 FRONT STREET, P.O. BOX 1447, MILLBROOK, NY 125	45									

#### Form 990 (2009) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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 Use Schedule J-2 if additional space is needed

- 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. See 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			((	<b>C)</b>	, dıre		(D)		(E)	(F)
Name and Title	Average	/0		Pos			6.4	Reportable		Reportable compensation	Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	<u> </u>	Highest compensated do do		compensati from the organizatio (W-2/1099-Mi	n	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
BANK OF MILLBROOK									_	_	
RUSTEE	0.80	<u> </u>	X						0.	0.	1,52
		<u> </u>		_							
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										-	
				$\vdash$		<u> </u>		<u> </u>			

(A) Name and title	(B) Average			O) Posi	C) ition	)		( <b>D)</b> Reportable	(E) Reportable	E) (F) ortable Estimat			
	hours per week	Individual frustee or director	Institutional trustee	Officer		Highest compensated emptoyee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	C) (	ner nsation the ization elated zation:	<b>1</b>	
											-		
										_  -	<u>.</u>		
											_		
										-			—
Total     Total number of individuals (including but r	ot limited to th	ose	liste	d al	bov	e) wl	no re	0. eceived more than \$100		0.	1	,52	<u>1.</u>
compensation from the organization											Y	es N	<b>0</b>
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	, key	em/	olqr	yee,	or h	nighest compensated er	nployee on		3		X
4 For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization		4	_   ;	<u> </u>
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched				rom	any	unr	elat	ed organization for serv	ices rendered to		5		<u>x</u> _
Section B. Independent Contractors  1 Complete this table for your five highest co	mpensated inc	depe	nde	nt c	ont	racto	ors t	hat received more than	\$100,000 of comp	 oensat	ion fro	m	
the organization NONE  (A)  Name and business	address							(B) Description of s	SANUCAS		(C)	ation	
Name and business	address							Description of s	Sel vices		Препо	allon	
		-											
	·										_		
			_	-									
Total number of independent contractors (i \$100,000 in compensation from the organi	-	ot lir	nite	d to		se li: 0	sted	above) who received n	nore than		O	\O	

	Form 990 (2009) MILLBROOK FREE LIBRARY TRUST Part VIII   Statement of Revenue							13-6078769 Page 9				
		otatement of fleve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
nts		Federated campaigns	1a									
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b									
ar,	C	<u>-</u>	1c									
gi		Related organizations	1d									
sir		Government grants (contribu										
ig je	T	All other contributions, gifts, gra similar amounts not included about										
d i	<b>a</b>	Noncash contributions included in line	-									
Sel	•	Total, Add lines 1a-1f	:s id-11 \$									
		10.00		Business Code								
ا بو	2 a											
ه ڏِ	b											
S	С											
e a	d											
Program Service Revenue	е											
۱ ۵	-	All other program service rev	enue	L				_				
-		Total. Add lines 2a-2f										
	3	Investment income (including	g dividends, intere		146 002			146,803.				
		other similar amounts) Income from investment of ta	ay ayamat band n	oroceeds	146,803.		·	140,003.				
	4 5	Royalties	ax-exempt bond p	noceeus								
	3	Noyames	(ı) Real	(II) Personal								
	6 a	Gross Rents	(1) 11001	(ii) i croomar								
1	b											
ł	c											
	d	Net rental income or (loss)		<b></b>								
	7 a	Gross amount from sales of	(ı) Securities	(II) Other								
		assets other than inventory	1326399.									
	b	Less cost or other basis										
		and sales expenses	1354463.	<del></del>								
]		Gain or (loss)	-28,064.		20 064			20 064				
		Net gain or (loss) Gross income from fundraisir	na ovonto (not		-28,064.			-28,064.				
Other Revenue	ва	including \$										
§		contributions reported on line										
يّ		Part IV, line 18	а ,									
-₽	b	Less direct expenses	b									
0	С	: Net income or (loss) from fun	draising events	<b></b>			·					
	9 a	Gross income from gaming a	ctivities See		_	]						
		Part IV, line 19	а									
		Less. direct expenses	b									
		Net income or (loss) from gar	-	<u> </u>								
i	10 a	Gross sales of inventory, less										
İ		and allowances	а									
		Less. cost of goods sold	b oo of inventors	<u> </u>								
ŀ	с	Net income or (loss) from sale Miscellaneous Reven		Business Code	<del> </del>	<del>  -                                   </del>		<del> </del>				
ŀ	11 a			Duamesa Code								
ŀ	b											
	c											
	d		-									
ļ	е	Total. Add lines 11a-11d		<b></b>								
	12	Total revenue See instructions.		<u> </u>	118,739.	0.	0.	118,739.				
93200 02-04	9 - 10							Form <b>990</b> (2009)				

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must comp	lete column (A) but are			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	140,633.	140,633.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,521.		1,521.	
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 contributions (include section 401(k)				
	and section 403(b) employer contributions)				<del></del>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	4,531.		4,531.	
d	Lobbying			·	-
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				<u> </u>
15	Royalties				
16	Occupancy			<del></del>	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<u>!</u>
20	Interest				<del></del>
21 22	Payments to affiliates  Depreciation, depletion, and amortization			<del></del>	·
23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
24	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	NYS FILING FEES	250.		250.	
b		2301			
c					
d					<del></del>
e					
	All other expenses			;	<del> </del>
25	Total functional expenses Add lines 1 through 24f	146,935.	140,633.	6,302.	Ō.
26	Joint costs. Check here				
-	SOP 98-2. Complete this line only if the organization		ļ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Part 2	X	Balance Sheet		1		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
:	2	Savings and temporary cash investments		514,986.	2	202,842
:	3	Pledges and grants receivable, net			3	
4	4	Accounts receivable, net			4	
!	5	Receivables from current and former officers, di	rectors, trustees, key		ŀ	
		employees, and highest compensated employee				
		of Schedule L		5		
(	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495				
		Part II of Schedule L			6	
ي   ي	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
۱ ک	9	Prepaid expenses and deferred charges			9	
10	0a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
1	1	Investments - publicly traded securities		3,547,829.	11	3,822,257
1:	2	Investments - other securities See Part IV, line	11		12	
1:	3	Investments - program-related See Part IV, line		13		
10	4	Intangible assets			14	
15	5	Other assets See Part IV, line 11	0.	15	9,520	
19	6	Total assets. Add lines 1 through 15 (must equ	al line 34)	4,062,815.	16	4,034,619
1	7	Accounts payable and accrued expenses			17	
18	8	Grants payable		18		
19	9	Deferred revenue			19	
2	0:	Tax-exempt bond liabilities			20	
တ္ထ 2	1	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Liabilities	2	Payables to current and former officers, director	s, trustees, key employees,			
<u>a</u>		highest compensated employees, and disqualifi	ed persons Complete Part II			
-		of Schedule L			22	
2:	3	Secured mortgages and notes payable to unrela	ated third parties		_23	
2	4	Unsecured notes and loans payable to unrelate	d third parties		24	
2	5	Other liabilities Complete Part X of Schedule D			25	
2	6	Total liabilities. Add lines 17 through 25		0.	26	0
		Organizations that follow SFAS 117, check he	ere  and complete			
S S		lines 27 through 29, and lines 33 and 34.				
ဋ   2 <sup>.</sup>	7	Unrestricted net assets			27	<del></del>
<u>ig</u> 2	8	Temporarily restricted net assets			28	
[ 2	9	Permanently restricted net assets			29	
Ī		Organizations that do not follow SFAS 117, c	heck here 🕨 💹 and			
<u></u> 5		complete lines 30 through 34.				
ğ 3	0	Capital stock or trust principal, or current funds		4,062,815.	30	4,034,619
§   3	1	Paid-in or capital surplus, or land, building, or ed	juipment fund	0.	31	0
Net Assets or Fund Balances	2	Retained earnings, endowment, accumulated in	come, or other funds	0.	32	0
<b>z</b>   3	3	Total net assets or fund balances		4,062,815.		4,034,619
3.	4	Total liabilities and net assets/fund balances		4,062,815.	34	4,034,619

Pa	rt XI   Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a.		X
ь	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		:	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a_		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**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. ➤ See separate instructions.

2009

Open to Public Inspection

Name of the organization

MILLBROOK FREE LIBRARY TRUST 13-6078769

David I	Decree	for Dublic Ober		411(1 1						
Part I			ity Status (All organiz					ructions		
he <u>orga</u> n			because it is (For lines 1							
1 🖳	A church, cor	nvention of churches	s, or association of chur	ches desci	ribed in se	ction 170	(b)(1)(A)(i)			
2	A school des	cribed in section 17	0(b)(1)(A)(II). (Attach Sc	hedule E)						
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)(	A)(iii).			
4	A medical res	search organization of	perated in conjunction	with a hos	pıtal desci	ribed in se	ction 170	(b)(1)(A)(ii	ı). Enter tl	ne hospital's name,
	city, and state	e								
5 🗀	•		benefit of a college or ur	niversity ov	vned or or	perated by	a governr	nental uni	t describe	ed in
• —	-	(b)(1)(A)(ıv). (Comple	*				J			
6 🗀			ent or governmental unit	t described	d in coetie	n 170(h)(1	IV A Vol			
7 🗔	•		eives a substantial part					r from the	general r	vublic described in
<i>'</i> $\Box$	-	•	·	or its supp	on nom a	governme	intai uniit o	i iloili tile	general p	Jubiic described in
• —	•	b)(1)(A)(vi). (Comple	•	/Ol-4a	D 11.1					
8	-		ection 170(b)(1)(A)(vi).							
9 📖	-	•	eives (1) more than 33 1							=
		•	nctions - subject to certa	•	•	-				-
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	ifter June 30, 1975
		<b>509(a)(2).</b> (Complete								
10 <u> </u>	An organizati	on organized and of	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	l).		
11 LXJ	An organizati	on organized and or	perated exclusively for the	ne benefit (	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes of one or
	more publicly	supported organiza	itions described in secti	on 509(a)(1	<ol> <li>or section</li> </ol>	on 509(a)(2	?) See <b>se</b> c	tion 509(	<b>a)(3).</b> Che	ck the box that
	describes the	type of supporting	organization and comple	et <u>e lin</u> es 1	1e through	11h				
	a L Type I	<b>b</b>	_l Type II	: Тур	e III - Fund	tionally int	egrated		d X	Type III - Other
е 🔙	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one or	more dis	qualified p	persons other than
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or s	section 509(a)(2)
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
	supporting or	rganization, check th	nis box		•		•			
g		-	rganization accepted ar	nv aift or co	ontribution	from anv	of the follo	owing per	sons?	
•	_		rectly controls, either al			-				Yes No
	• •	· · · · · · · · · · · · · · · · · · ·	upported organization?					(, (	, ,	11g(i) X
	-	-	n described in (i) above?							11g(ii) X
	• •	•	person described in (i) of		2					11g(iii) X
<b>b</b>	` '	•	•							[119(m/)   21
h	Provide the it	bilowing information	about the supported or	gariizationi	(5)					
	-		(III) Type of	k: 3 la 4ba -		( ) Did ion		(vi) ls	the	
	of supported	(ii) EIN	organization	in col. (i) lis	•	(v) Did you organizat	,	Lorganizati	on in col. L	(vii) Amount of
orga	anization	•	(described on lines 1-9	governing		(i) of your		(i) organiz U S	ed in the	support
			above or IRC section				1		<del></del>	
			(see instructions))	Yes	No	Yes	No	Yes	No	<del></del>
ILLB										4.40.600
REE	<u>LIBRARY</u>	14-1434152	LINE 11	X		X		X		140,633.
									<u> </u>	
						_				,
otai										140,633.
vlai			L	L		1	L	1	L	<u> </u>

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

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009	Ownerinations	Danasibadia	C1: 47/	5/h1/41/41/5-1	d 470/b)/4\/A\/.	Page 2
Ра	rt II Support Schedule for	-			)(b)(1)(A)(iv) an	a 1/U(D)(1)(A)(\	<b>(1)</b>
500	(Complete only if you checke	THE DOX OH line 5	1, 7, 01 8 01 Part 1	' <u>-</u> -			<u> </u>
	ction A. Public Support			4 ) 0007	1 , , , , , , ,	( ) 0000	(0 T.1.1
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")		-	<del>-</del>	<del> </del>	_	
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			<u> </u>			
4	Total. Add lines 1 through 3			<del></del>	-		
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)						
_	•••				+		
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u></u>		ı	·	·	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(a) 2000	(b) 2000	(6) 2007	(0) 2000	(e) 2003	(i) Total
8	Gross income from interest,						
•	dividends, payments received on		:				
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business				-		
9	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instruction	one)	1		12	<u> </u>
12	First five years. If the Form 990 is for	•	•	rd fourth or fifth	tax vear as a sectio		
.0	organization, check this box and stor	_	5 m 61, 666611 <b>2</b> , an	ia, roaren, or mar	tax your do a oootic	00 .(0)(0)	▶□
Sec	ction C. Computation of Publ		rcentage	_			
14	Public support percentage for 2009 (	line 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009.If the o	rganization did not	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b	33 1/3% support test - 2008. If the o	rganization did not	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			ightharpoons
17a	10% -facts-and-circumstances tes	<b>t - 2009.</b> If the orga	anization did not d	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop	here. Explain in Pa	irt IV how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	t - 2008. If the orga	anization did not o	check a box on lin	e 13, 16a, 16b, or <sup>1</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, o	heck this box and	d <b>stop here.</b> Explan	n in Part IV how the	•
	organization meets the "facts-and-circ						▶∐
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>8a, 16b, 1</u> 7a, o <u>r 17</u>	7b, check this box a	and see instruction	s

Pa	edule A (Form 990 or 990 EZ) 2009 art III Support Schedule for C	Organizations	Described in	Section 509(a	)(2) (Complete only	if you checked the bo	Page 3 ox on line 9 of Part I.)
Se	ction A. Public Support					<del></del>	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
_	Total. Add lines 1 through 5  Amounts included on lines 1, 2, and						
ŧ	3 received from disqualified persons 3 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					-	
	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)					<del>                                     </del>	
	ction B. Total Support		,			,	
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  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 IV)						
	Total support (Add lines 9, 10c, 11, and 12)					<u> </u>	l
14	First five years. If the Form 990 is for check this box and stop here	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ration,
Se	ction C. Computation of Publ	ic Support Pe	rcentage			<del>-</del>	
	Public support percentage for 2009 (I			column (fl)		15	%
16	Public support percentage from 2008		•			16	%
	ction D. Computation of Inves					1	
17	· · · · · · · · · · · · · · · · · · ·			ne 13, column (f))		17	%
18	Investment income percentage from 2			. , , , , ,		18	%
19a	33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	
	more than 33 1/3%, check this box a						▶□
t	33 1/3% support tests - 2008. If the						and
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶□

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

MILLBROOK FREE LIBRARY TRUST

Employer identification number 13-6078769

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche		<u>OK FREE LI</u>								Page 2
Pai	t III   Organizations Maintaining C	collections of A	rt, Histo	rical Tre	easures, d	or Other	Simil	ar Asset	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	ny of the	following tha	t are a sig	nıficant	use of its o	collection	ıtems
	(check all that apply)									
а	Public exhibition	c	ı 🗌 Lo	an or excl	hange progra	ams				
b	Scholarly research	е	· 🔲 01	her						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they	/ further th	he organizati	on's exem	pt purpo	se in Part	: XIV	
5	During the year, did the organization solicit of	r receive donations	of art, histo	orical treas	sures, or oth	er sımılar a	assets			
	to be sold to raise funds rather than to be mi								Yes	☐ No
Pai	t IV Escrow and Custodial Arran					s" to Form	990, Pa	rt IV, line 9	9, or	
	reported an amount on Form 990, Pa		ŭ							
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for co	ntribution	s or other as	sets not ir	ncluded			
	on Form 990, Part X?		•						Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tal	ole						
_		•	J					-	Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
•	Ending balance						1f			
22	Did the organization include an amount on F	orm 990 Part X line	212					[	Yes	No.
	If "Yes," explain the arrangement in Part XIV								3 .00	
Pai			nswered "Y	'es" to Fo	rm 990. Part	IV. line 10				
		(a) Current year	(b) Prio		(c) Two year			ears back	(e) Four y	years back
1a	Beginning of year balance	(a) Carrone year	10/1110	, your	10) 1110 300	TO DOOK (	27 111100 )	ouro buon	(6) 1 00.	round budin
h	Contributions		<del></del>			-			<u></u>	
6	Net investment earnings, gains, and losses									
ر م	Grants or scholarships						·····			
u	Other expenditures for facilities									
е	·									
	and programs		-							
	Administrative expenses									
g	End of year balance	r and halanaa hald s	L		l					
2	Provide the estimated percentage of the year	r end balance neld a	4S %							
a	Board designated or quasi-endowment  Permanent endowment	%	<sup>70</sup>							
b		% %								
C		• •	ation that	ara bald a	ad administr	rad far th	0.0000	ration		
зa	Are there endowment funds not in the posse	ession of the organiz	ation that	are neio a	no auministe	ered for the	e organiz	zation	Γ,	Yes No
	(i) uprelated arganizations									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	- 1	Oakad	L. DO					3a(ii)	
D.	If "Yes" to 3a(ii), are the related organization:								3b	
Da:	T VI Investments - Land, Building				Dort V. Iron	10		-		
rai	······································								4 D D1-	
	Description of investment	(a) Cost or o basis (investi	I		or other (other)		cumulate reciation		(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
ď	Equipment									
e	Other									
Tota	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column	(B), line 1	0(c))			<b>&gt;</b>		0.

Schedule D (Form 990) 2009

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Complete this part to 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, lines	
	4, Part
	<u></u>
	_

Employer identification number Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. TRUST MILLBROOK FREE LIBRARY Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

Schedule I (Form 990) 2009 % X 13-6078769 (h) Purpose of grant or assistance Yes recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of cash or sultation (book, relustion (book Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 140,633 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of section 501(c)(3) and government organizations 14-1434152 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization MILLBROOK FREE LIBRARY MILLBROOK, NY 12545 P.O. BOX 286 Part II Part

Page 2

13-6078769

MILLBROOK FREE LIBRARY TRUST

Schedule I (Form 990) 2009

Part III

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

MILLBROOK FREE LIBRARY TRIIST

Employer identification number 13-6078769

MIDDEROOK FREE DIBRAKT TROST 13 00 70 703
FORM 990, PART VI, SECTION A, LINE 8A:
SINCE THIS ORGANIZATION IS A TRUST, IT DOES NOT HAVE A GOVERNING BODY OTHER
THAN ITS TRUSTEE. THE TRUSTEE IS GOVERNED BY THE TRUST DOCUMENT IN ITS
MISSION TO PROVIDE FUNDS TO THE MILLBROOK FREE LIBRARY. THE TRUST DOCUMENT
DOES NOT REQUIRE THE MAINTENANCE OF THE VARIOUS GOVERNANCE AND MANAGEMENT
POLICIES TO WHICH PART IV REFERS.
FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO SEPARATE COMMITTEES
FOR THIS ENTITY. THE TRUSTEE HAS SOLE RESPONSIBILITY AND DECISION-MAKING
POWERS FOR THE TRUST.
FORM 990, PART VI, SECTION B, LINE 11:
FORM 990 IS REVIEWED BY THE TRUSTEE PRIOR TO FILING. THE TRUSTEE IS THE
GOVERNING BODY OF THE TRUST.
FORM 990, PART VI, SECTION C, LINE 19:
THE MILLBROOK FREE LIBRARY TRUST DOES NOT MAKE AVAILABLE FOR PUBLIC
INSPECTION ITS GOVERNING DOCUMENTS, POLICIES OR FINANCIAL DATA (OTHER THAN
AS REQUIRED BY IRC SECTION 6104).

OMB No 1545-0047 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships MILLBROOK FREE LIBRARY TRUST Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

2009 Open to Public Inspection Employer identification number 13-6078769 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
of disregarded entity		foreign country)			entity .
		-			
	-				
	:				
				•	
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)	ations (Complete if the organization and	swered "Yes" to Form 990, Par	t IV, line 34 because	ıt had one or more re	lated tax-exempt
(a)	(q)	(၁)	(p)	(e)	(4)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
MILLBROOK FREE LIBRARY - 14-1434152	LIBRARY SERVICES FOR				
P.O. BOX 286	PATRONS WITHIN MILLBROOK				
MILLBROOK, NY 12545	AND SURROUNDING AREAS,		501(C)(3)		
		-			
	— <u>r</u>	-			

Schedule R (Form 990) 2009

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

13-6078769

Page 2

Schedule R (Form 990) 2009 MILLBROOK FREE LIBRARY TRUST

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

Part

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from lax under sections 512-514)		Share of total S encome	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No
								L		•
Part IV Identification of Related Orgonizations treated as a cort	Identification of Related Organizations Taxable as a Corporatio organizations treated as a corporation or trust during the tax year )	ooration or 1 ( year )	in or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	the organization	on answered "Yes	to Form 990, Pa	irt IV, line 34	because it h	ad one or more r	elated
(a) Name, address, and EIN of related organization	<b>Z</b> c	Prin	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(d) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of Pe end-of-year ov assets	(h) Percentage ownership
		·								
							:			
		<del>-                                     </del>								
932162 02-04-10			24					Schi	Schedule R (Form 990) 2009	90) 2009

13-6078769

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

		-
Note. Complete line i if any entity is listed in Parts II, III, or IV of this schedule  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes No
a Receipt of (i) interest (ii) annuities (iii) royalities or (iv) rent from a controlled entity  b. Giff grant or canital contribution to other organization(s)		ta X
		╁—
e Loans or loan guarantees by other organization(s)		1e X
f Sala of assets to other organization(s)		*
g Fulcilase of assets from oner organization (s)		V >
II EXCITATION OF THE CONTRACT OF A SHOT OF A S		+
i Lease of Tacilitles, equipment, or other assets to other organization(s)		<b>∢</b>
j Lease of facilities, equipment, or other assets from other organization(s)		
k Performance of services or membership or fundraising solicitations for other organization(s)		
Performance of services or membership or fundraising solicitations by other organization(s)  - Sharing of facilities equipment mailing lists or other assets		= <u>E</u>
		† 
p Reimbursement paid by other organization for expenses		Tp X
<b>q</b> Other transfer of cash or property to other organization(s)		1q X
. 1		t-
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds	
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) MILLBROOK FREE LIBRARY	В	140,633.
(2)		
(6)		
(4)		
(5)		
(9)		
932183 02-04-10	Sch	Schedule R (Form 990) 2009

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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

General or managing partner? Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) <u>(6</u> (f)
Disproportionate
allocations? Yes No Share of end-ofyear assets <u>e</u> Are all partners section 501(c)(3) organizations? Yes No 9 (state or foreign Legal domicite country) Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2009

# Poughkeepsie Journal

Poughkeepsie, N.Y.

### **AFFIDAVIT OF PUBLICATION**

State of New York County of Dutchess City of Poughkeepsie

ROSE ANN SIMPSON
Notary Public, State of New York
No 01SI6215893
Qualified in Dutchess County
Commission Expires January 4, 2014

	Rita Lombardi, of the City of Poughkeepsie,
	Dutchess County, New York, being duly sworn, says
-	that at the several times hereinafter mentioned he/she
1	was and still is the Principle Clerk of the Poughkeepsie
1	Newspapers Division of Gannett Satellite Information
	Network, Inc, publisher of the Poughkeepsie Journal, a
	newspaper published every day in the year 2010 in the
	city of Poughkeepsie, Dutchess County, New York, and
	that the annexed Notice was duly published in the said
	newspaper forone insertion
	successively, in each week, commencing on the 29th
	day of April in the year of 2010 and
	on the following dates thereafter, namely on.
,	And ending on the day of
	And ending on the day of in
	he year of 2010, both days inclusive
,	Uta Space,
$I_{S}$	ubscribed and sworn to before me this 30th day
0	f Of un the year of 2010
<	
-	Notary Public ,
M	y commission expires 1/4/20/4
•	,

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

internal nevi	The a separate application for each return			
•	re filing for an Automatic 3-Month Extension, complete only Part I and check this box re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	e form		► X
•	omplete Part II unless you have already been granted an automatic 3-month extension on a previously		•	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)			
A corpora	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor	nplete	•	▶ □
All other o	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a me tax retums	n exte	nsion of time	
noted bel (not autor you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cosubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic flowlefile and click on e-file for Chanties & Nonprofits.	ically insolic	ıf (1) you want th dated Form 990-1	e additional
Type or print	Name of Exempt Organization	Em	ployer identifica	tion number
	MILLBROOK FREE LIBRARY TRUST		L3-607876	9
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions  BANK OF MILLBROOK, P.O. BOX 1447			
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  MILLBROOK, NY 12545			
Check typ	e of return to be filed(file a separate application for each return)			
Forr	1990	227 069		
Telepho	BANK OF MILLBROOK  oks are in the care of ▶ 44 FRONT STREET, P.O. BOX 1447 - MILLBR  one No. ▶ 845 677-4266 FAX No. ▶ 845 677-6048  ganization does not have an office or place of business in the United States, check this box  for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the  If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all	s is fo	or the whole grou	▶ □ p, check this
ıs foi	Lest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto $\frac{AUGUST\ 15\ ,\ 2010\ }{}$ , to file the exempt organization return for the organization named at the organization's return for $\frac{1}{2}$ calendar year $\frac{2009}{}$ or $\frac{1}{2}$ , and ending		The extension	
2 If this	tax year is for less than 12 months, check reason Initial return Final return		Change in accou	inting period
3a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	efundable credits. See instructions	3a	\$	
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated ayments made. Include any prior year overpayment allowed as a credit	3b	\$	
	nce Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,		Ψ	
depo	sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)			NT / 3
	nstructions	3c	[ <b>\$</b>	N/A
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	5879-		
HA Foi	Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b>	(Rev. 4-2009)