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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at www.lrs.gov/form990.

2015
Open to Public Inspection

OMB No 1545-0047

A For the 2015 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Address change MILLBROOK FREE LIBRARY TRUST Name change 13-6078769 Doing business as Initial return E Telephone number Number and street (or P 0. box if mail is not delivered to street address) Room/suite 845 677-4266 Final return/ BANK OF MILLBROOK, P.O. BOX 1447 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return MILLBROOK, NY 12545 H(a) Is this a group return Applica-F Name and address of principal officer MEREDITH M. TIEDEMANN _ Yes LX No for subordinates? pending 44 FRONT STREET, P.O. BOX 1447, MILLBROOK, Yes N H(b) Are all subordinates included?) ◀ (insert no.) X 4947(a)(1) or 501(c)(3) _____ 501(c) (If "No," attach a list (see instructions) I Tax-exempt status J Website: ► N/A **H(c)** Group exemption number ▶ Other > Corporation X Trust K Form of organization: Association L Year of formation: 1929 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities. TO PROVIDE FUNDS TO THE ிதி.Activites இ Governance MILLBROOK FREE LIBRARY. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 0. Prior Year **Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 398,542203,715. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 638. 398,542. 204,353. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 142.341. 140,677. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. О. Benefits paid to or for members (Part IX, column (A), line 4) 12,738. 16,212. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 2.779. 3,002. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 157,858. 159,891. Total expenses Add lines 13-17 (must equal Part IX, dollario A) line 25 240,684. 44,462. Revenue less expenses Subtract line 18 from line 12 Ses Beginning of Current Year **End of Year** MAY 1 9 2016 4,330,515. 4,374,977. 20 Total assets (Part X, line 16) 0 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 DEN. 4,330,515. 4.374.977 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Decaration of oreparer (other than officer) to based on all information of which preparer has any knowledge. Sign MEREDITH M. TIEDEMANN, SR VP / TR OFFICER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name TAMMY S. KIRSHON, CPA 05/06/16 self-employed TAMMY S. KIRSHON, CPA P00187388 Paid Firm's name KIRSHON & COMPANY, P.C. Firm's EIN 🛌 14-1569720 Preparer Firm's address > 311 MILL STREET Use Only POUGHKEEPSIE, NY 12601 Phone no. 845 - 473 - 1811 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

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Form 990 (2015)

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				·
	1 11 2		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	_ <u>1</u>		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I	<u> </u>		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	-6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_ 7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	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 IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	•			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15_		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17,	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		<u> </u>	
•••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
			990	(2015)

Yes No

Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			
	Schedule J	23		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			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		:	Ì
	Schedule L, Part I	25b	i	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			ŀ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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)			
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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			l
	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			٠,,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	- -
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-	1	.
	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			v
00	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 11b and 19?	38	x]
	Note. All Form 990 filers are required to complete Schedule O		990	/2015
		1 0111	,	12010

13-6078769 MILLBROOK FREE LIBRARY TRUST Page 5 Form 990 (2015) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 2a filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7ç to file Form 8282? 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Х 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 0. 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) gualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

14b

X

13c

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

MILLBROOK FREE LIBRARY TRUST 13-6078769 Form 990 (2015) 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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 0 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Х 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records BANK OF MILLBROOK - 845 677-4266

12545

44 FRONT STREET, P.O. BOX 1447, MILLBROOK,

Form 990 (2015) MILLBROOK FREE LIBRARY TRUST					
	Form 990 (2015)	MTTTBROOK	FREE	T.TBRARY	TRUST

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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

Check this box if neither the organization (A)	(B)	l					<u>ISAL</u>	(D)	(E)	(F)
Name and Title	Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BANK OF MILLBROOK	0.80							16 212	0	0
TRUSTEE			Х					16,212.	0.	0
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					_		_			
		-	-							<u> </u>

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)		_		
` (A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(B) (C) erage irs per eek eek t any urs for lated (C) Position (do not check more box, unless person officer and a directe		tion more rson irecto	on ore than one on is both an actor/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimate amount other compensa from th organizat and relat		of tion e on ed	
		<u> </u>	<u> </u>	-	<u> </u>	Ξ - 5	<u> </u>		<u> </u>				
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		_	_										
1b Sub-total		1						16,212.		0.			0.
c Total from continuation sheets to Part V	II, Section A							16,212.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but i	not limited to th	nose	liste	ed al	bove	e) wl	no re		l),000 of reportable				
compensation from the organization	<u> </u>				-							Yes	No.
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for:			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on		3		X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le co							the organization		4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion 1	from	any	/ unr			idual for services		5		X
Section B. Independent Contractors	npiete Scriedui	eji	OI S	ucii	pers	SOII					<u> </u>		
 Complete this table for your five highest co the organization. Report compensation for 	•	•								ens	ation fr	om	
(A) Name and business			INC					(B) Description of s		С	(C compen		 1
				_		-					-		
											<u>_</u>		
Total number of independent contractors	(including but r	not li	mite	ed to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ						0					C	200 (6	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (**D)** Revenue excluded from tax under Total revenue Unrelated exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total, Add lines 2a-2f Investment income (including dividends, interest, and 167,034. 167,034. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) ▶ 7 a Gross amount from sales of (i) Securities_ (ii) Other 464,091. assets other than inventory b Less cost or other basis 427,410. and sales expenses 36,681. c Gain or (loss) 36,681. 36,681. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a SECURITIES LITIGATION 900099 638. 638. d All other revenue 638. e Total. Add lines 11a-11d 204,353. 0. 204,353. Total revenue See instructions.

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	140,677.	140,677.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	16,212.		16,212.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	2,532.		2,532.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				1.7 W.C.Y.
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses			, , ,	
14	Information technology				
15	Royalties				
16	Occupancy	<u>-</u>			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	NYS FILING FEES	250.		250.	
b	FOREIGN WITHHOLDING TAX	220.		220.	
С					
d			l l		· · · · · · · · · · · · · · · · · · ·
е	All other expenses	4.50 000	445 555	4004	
<u>25</u>	Total functional expenses Add lines 1 through 24e	159,891.	140,677.	19,214.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				-
	Charlebook Charl	i	i .		

4,330,515.

Total liabilities and net assets/fund balances

orm	990 (2015) MILLBROOK FREE LIBRARY TRUST	13-60	<u> 78769</u>	Pag	ge 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	_ 1			<u>53.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	159	8, (<u>91.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>62.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,330),5	<u> 15.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,374	<u>1,9</u>	<u>77.</u>
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			:
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				ľ
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		ļ	
	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 Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			l
	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	red audıt			
	or audite, explain why in Schedule O and describe any steps taken to undergo such audits		36		l

Form **990** (2015)

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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization

MILLBROOK FREE LIBRARY TRUST

Employer identification number

13-6078769 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (III) Type of organization (iv) is the organization (vi) Amount of (i) Name of supported (v) Amount of monetary (described on lines 1-9 listed in your organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No MILLBROOK FREE 14-1434152 LIBRARY X 140,677. 140,677.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization · fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 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 ")						
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				į		
	the organization without charge				1.		
4	Total. Add lines 1 through 3						
	The portion of total contributions						<u>-</u>
•	by each person (other than a						
	governmental unit or publicly]	
	supported organization) included					İ	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					!	
	column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support			•			
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the					,	
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructi	ons)			12	
	First five years. If the Form 990 is for	·	•	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (l	ıne 6, column (f) d	ivided by line 11, o	column (f))		14	<u>%</u>
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2015. If the o	•			14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2014. If the o	=			d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac			•	•	irt VI how the organ	nization
	meets the "facts-and-circumstances"	•	•		_		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						. —
	organization meets the "facts-and-circ						
18_	Private foundation. If the organization	n did not check a	box on line 13, 16	sa, 16b, 17a, or 17	b, check this box	and see instruction	s >

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support	s.ow, produce com					
Cale	endar 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						
2	Include any "unusual grants") 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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons						
i	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	c Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)						
<u>Se</u>	ction B. Total Support		·				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 6				ļ		
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
1	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)	r the ereceive	le first seemed the	rd fourth or fifth	1	on 501(a)(3) aras==	zation
14	First five years. If the Form 990 is fo check this box and stop here	r the organization	S IIISI, SECONO, IN	ra, rourur, or mun t	an year as a secti	on sonce,(s) organi	<u></u>
50	ction C. Computation of Publ	ic Support Pe	ercentage	2	-	-	
15				column (fl)		15	%
16			' -	column (i))		16	
_	ction D. Computation of Inve				· · · · · · · · · · · · · · · · · · ·		
_	17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 %						
	a 33 1/3% support tests - 2015. If the			on line 14, and lin	e 15 is more than		% 17 is not
	more than 33 1/3%, check this box a	-					
-	b 33 1/3% support tests - 2014. If the	-	-				and
	line 18 is not more than 33 1/3%, cho	=					
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	9a, or 19b, check t	this box and see i	nstructions	

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

	and B. Hyou chooked 118 of 1 are 4 complete			
	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)	-		
Sec	tion A. All Supporting Organizations		Vaa	Ma
	A collection and the control of the		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by		x	
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			v
	organization was described in section 509(a)(1) or (2).	2		X
За				v
	(b) and (c) below	3a	-	X
b				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	<u>3b</u>		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	 	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a_	ļ	X
b	·			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С				
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action; and (IV) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	ļ	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	ļ	X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	<u> </u>	X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		1	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1		
	supporting organizations)? If "Yes," answer 10b below	10a		X
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to		1	

determine whether the organization had excess business holdings)

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	X Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov 20, 1970 See instru	ictions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	ļ		
	collection of gross income or for management, conservation, or			!
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	_ i		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-ıntegra	ited Type III supporting org	anization (see
	instructions)	_		

Schedule A (Form 990 or 990-EZ) 2015

•								
	dule A (Form 990 or 990-EZ) 2015 MILLBROOK FRE			3-6078769 Page 7				
Щ	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)					
	ion D - Distributions	Current Year						
1	Amounts paid to supported organizations to accomplish exe							
2								
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amounts paid to acquire exempt-use assets Ouglified set acide amounts (pror IPS approval required)							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the organization is responsive							
	(provide details in Part VI) See instructions	·	-					
9	Distributable amount for 2015 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount	(3)	(ii)	(iii)				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	/ (iii) Distributable Amount for 2015				
1	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2015							
а								
b								
С								
d	From 2013							
е	From 2014							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
<u>h</u>	h Applied to 2015 distributable amount							
i_								
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2015 from Section D,							
	line 7 \$							
a	a Applied to underdistributions of prior years							
b	Applied to 2015 distributable amount							
c	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2015, if							
	any Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions)							
6	Remaining underdistributions for 2015 Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions)							
7								
	and 4c	<u>L</u>		1				

Schedule A (Form 990 or 990-EZ) 2015

8 Breakdown of line 7

c Excess from 2013 d Excess from 2014 e Excess from 2015

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)
FORM 990, PART IV, SCHEDULE A, SECTION D, LN 2
THE SUPPORTING ORGANIZATION'S OFFICERS/DIRECTORS MAINTAIN A CLOSE AND
CONTINUOUS WORKING RELATIONSHIP WITH THE BENEFICIARY'S ORGANIZATION'S
OFFICERS AND MEETS REGULARLY.
FORM 990, PART IV, SCHEDULE A, SECTION D, LN 3
THE MILLBROOK LIBRARY (BENEFICIARY ORGANIZATION) HAS AN ADVISORY ROLE
IN THE INVESTMENT DECISIONS. MONTHLY REPORTS SHOWING VALUE OF THE
TRUST ASSETS, INCOME COLLECTED AND EXPENSES ARE PROVIDED. THE TRUSTEE
MEETS REGULARLY EITHER WITH THE FINANCE COMMITTEE OF THE MILLBROOK
LIBRARY OR THE FULL BOARD.

Schedule A (Form 990 or 990-EZ) 2015 MILLBROOK FREE LIBRARY TRUST

13-6078769 Page 8

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Schedule I (Form 990) (2015) % **⊠** Employer identification ríumber TO SUPPORT THE MILLBROOK 13-6078769 MISSION TO SERVE THE (h) Purpose of grant or assistance FREE LIBRARY IN ITS ☐ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any COMMUNITY, 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable MILLBROOK FREE LIBRARY TRUST LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 14-1434152 Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government MILLBROOK FREE LIBRARY MILLBROOK, NY 12545 Name of the organization P.O. BOX 286 Part

532101 10-28-15

Page 2 Schedule I (Form 990) (2015) (f) Description of non-cash assistance 13-6078769 (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Schedule I (Form 990) (2015) MILLBROOK FREE LIBRARY TRUST

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2015) 532102 10-28-15

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Name of the organization

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

MILLBROOK FREE LIBRARY TRUST

Inspection Employer identification number

13-6078769

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).

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

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8	4000

OMB No 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Employer identification number Direct controlling 13-6078769 entity End-of-year assets Total income 9 Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) MILLBROOK FREE LIBRARY TRUST Primary activity Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service

(g) Section 512(b)(13) Š × controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(3) ਉ Legal domicile (state or foreign country) NEW YORK PATRONS WITHIN MILLBROOK AND SURROUNDING AREAS, LIBRARY SERVICES FOR Primary activity MILLBROOK FREE LIBRARY - 14-1434152 Name, address, and EIN of related organization MILLBROOK, NY 12545 P.O. BOX 286

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

Part II

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

Schedule R (Form 990) 2015

13-6078769

Page 2

Schedule R (Form 990) 2015 MILLBROOK FREE LIBRARY TRUST

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

Schedule R (Form 990) 2015 General or Percentage managing ownership Yes No Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year € Percentage ownership Yes $\widehat{\boldsymbol{\epsilon}}$ Code V-UBI camount in box 20 of Schedule 4.1 (Form 1065) Share of end-of-year assets <u>(</u> Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) ত Direct controlling entity ਉ Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>e</u> 532162 09-08-15 Part IV

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

Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule				<u>ــــــــــــــــــــــــــــــــــــ</u>	Yes	ž
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?	ctions with one or more r	elated organizations listed	In Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	entity			1a	•	×
				1	×	
				1		×
				19		×
				1e		×
f Dividends from related organization(s)				+		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				;=		×
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
Performance of services or membership or fundraising solicitations for	related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	l organization(s)			1		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ınızatıon(s)			Ę		×
				10		×
p Reimbursement paid to related organization(s) for expenses				1 _D		×
q Reimbursement paid by related organization(s) for expenses				1		×
				;		Þ
r Other transfer of cash of property to related organization(s) s. Other transfer of cash or property from related organization(s)				- 2		×
1	on who must complete t	his line, including covered	relationships and transaction thresholds			
	(g)	(5)	(p)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	olved		
(1) MILLBROOK FREE LIBRARY	В	140,677.	140,677.FAIR MARKET VALUE			
(2)						
(3)						
(4)				!		
(5)						
			•			
532183 09-08-15			Schedule R (Form 990) 2015	R (Form	(066	2015

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Schedule R (Form 990) 2015 MILLBROOK FREE LIBRARY TRUST

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

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

(h) (i) (j) (k) (k) (k) Uspropor Code V-UBI General or Percentage Bloade amocations? Of Schedule K-1 partner? Of Schedule K-1 partner? Of Form 1065) Yes No end-of-year Share of assets 6 Share of income total Predominant income paties sections 512-514)

(e) (related, unrelated, 501(5)3) sections 512-514) res No (state or foreign Legal domicile country) Primary activity 9 Name, address, and EIN of entity

Schedule R (Form 990) 2015

Schedule	R	(Form 990) 2015	MILLBROOK	FREE	LIBRARY	TRUST	13-6078769 Page 5
Part V	TI	(Form 990) 2015 Supplemental Infor	mation				·-
		Provide additional informa	ation for responses to	auestion:	s on Schedule F	R (see instructions)	
		Trovide additional inform	anormor reopendes to	y quoditor.	011 0011000101	1 (000 11011 00110110)	
							
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