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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Form 990 (2017)

OMB No 1545-0047

<u>A</u> _	For th	e 2017 calendar year, or tax year beginning and end	ding				
В	Check if applicab	C Name of organization		D Employer identifie	cation number		
	Addre	e WILLBROOK LIBRARY TRUST					
	Name	Doing business as		13-6	078769		
	lnıtıal returr	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number	,		
	Final	BANK OF MILLBROOK, P.O. BOX 1447		845	677-4266		
	termii ated			G Gross receipts \$	760,944.		
	Amen	ded MILLBROOK, NY 12545		H(a) Is this a group re			
	Appli	F Name and address of principal officer MEREDIIA M. TIEDEMAN	N	for subordinates			
	pend	9 44 FRONT STREET, P.O. BOX 1447, MILLBROOM	K, N	H(b) Are all subordinates in			
1	Tax-ex	empt status: 501(c)(3) 501(c) () ◀ (insert no.) X 4947(a)(1) or	3527		list (see instructions)		
J	Websi	te: ► N/A		H(c) Group exemption			
K	Form o	forganization: Corporation X Trust Association Other 2	L Year		State of legal domicile: NY		
P	art I	Summary					
. 0	1	Briefly describe the organization's mission or most significant activities TO PRO	VIDE	FUNDS TO T	HE		
Governance	İ	MILLBROOK LIBRARY.					
֓֞֞֝֞֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as	sets.		
> §	3	Number of voting members of the governing body (Part VI, line 1a)		3	0		
. ර ෂ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0		
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0		
<u> </u>	6	Total number of volunteers (estimate if necessary)	ı	6	0		
Activities	7 a	Total unrelated business revenue from Part VIII, column (@R line 12=1 VED)	ſ	7a	0.		
· _	b	Net unrelated business taxable income from Form 990, T, line 34	1	7b	0.		
	}	5 MAY 2 5 2018 O		Prior Year	Current Year		
10	8	Contributions and grants (Part VIII, line 1h)	i	0.	0.		
Ę	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4 and 7d) GDEN, UT		176,228.	347,035.		
)m	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		176,228.	347,035.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		141,483.	143,102.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		21,604.	22,794.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
×	b	Total fundraising expenses (Part IX, column (D), line 25)					
ů.	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,244.	3,290.		
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		166,331.	169,186.		
	19	Revenue less expenses Subtract line 18 from line 12		9,897.	177,849.		
Net Assets or Fund Balances			Be	inning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		4,384,874.	4,562,723.		
t As	21	Total liabilities (Part X, line 26)		0.	0.		
25	22_	Net assets or fund balances Subtract line 21 from line 20		4,384,874.	4,562,723.		
	art II	Signature Block					
		alties of perjury, I declare year those Millibrook return, including accompanying schedules and			knowledge and belief, it is		
true	, corre	ct, and complete. Declaration of freparer (offer for officer) is based on all information of which i	preparer	has any knowledge.			
		By B					
Sig	n	Signature of office Meredith M. Tiedemann, CPWA®		Date			
Hei	re	MEREDITHS MION VICE PERMANN, SENIOR VP/TRUSTE	E				
Type or print name and title							
_	_	Print/Type preparer's name Preparer's signature	- 1	ate Check	PTIN		
Pai		TAMMY S. KIRSHON, CPA TAMMY S. KIRSHON,	CP 0	5/09/18 "self-employe			
	parer	Firm's name KIRSHON & COMPANY, P.C.		Firm's EIN	14-1569720		
Use Only Firm's address 311 MILL STREET							
		POUGHKEEPSIE, NY 12601		Phone no. 8 4	5-473-1811		
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2017) MILLBROOK LIBRARY TRUST	13-6078769 Pag	<u>e 2</u>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	[
1	Briefly describe the organization's mission		
	TO GENERATE INVESTMENT INCOME TO SUPPORT THE MILLBROOK L	IBRARY.	
			
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	· · · · · · · · · · · · · · · · · · ·	Yes X	
	prior Form 990 or 990-EZ?	LYes L&	NO
	If "Yes," describe these new services on Schedule O	() ()	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and	
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 143,102. including grants of \$ 143,102.) (Revenue	e \$	
	TRUST INCOME IS USED BY THE MILLBROOK LIBRARY FOR OPERAT		ō´
	CARRY OUT EDUCATIONAL ACTIVITIES.		≖
	CIMICI COI EDOCIIIOMED HEIIVIIIDO.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	1
	, (constant)	~	_ ′
			
4c	(Code) (Expenses \$. •	
	/ horald	, •	'
			
			—
			
			
			
			
		<u> </u>	
			_
4d	Other program services (Describe in Schedule O)		_
	(Expenses \$ including grants of \$) (Revenue \$	ì	
4e	Total program service expenses \(\) 143,102.		
-70		Form 990 (20	217
		1 01111 000 (21	- 1 1 }

Form 990 (2017) MILLBROOK LIBRARY TRUST Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	
	If "Yes," complete Schedule A	1	х	1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_=_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	, ,	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Ì	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1	}	
	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?	ł)	
	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,	Ì	[
	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 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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) i	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Ì	37
40.	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	40-		v
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tay year?	12a		X
D	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	105	!	¥
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?		-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	 -	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	}		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_==_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	}	Х
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_		Х
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
		Form	990	(2017)

Form 990 (2017) MILLBROOK LIBRARY TRUST

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	163	X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	04	х	}
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
22		000		
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	 -	<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			ţ
	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	• • • • • • • • • • • • • • • • • • • •	24d	L	<u></u>
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	ļ	X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			{
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	}	}	
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or)
	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
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	} }		
		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?			
	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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	. 33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
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?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u>.</u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2017)

	Check if Schedule O contains a response or note to any line in this Part V			
	Official Confidence of Confidence of Those to any line in this hart v		V	<u></u> _
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	-	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 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,	-10		
	filed for the calendar year ending with or within the year covered by this return 2a 0	1		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation 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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			-
	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		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		l .
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 0.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O			
U	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
^	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	 i	
		بسب	990	(2017)

Form 990 (2017) MILLBROOK LIBRARY TRUST 13-6078769 Page 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 0	{		
	If there are material differences in voting rights among members of the governing body, or if the governing	ł		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		
	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2_		X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision	ł		
	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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	 		
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	Ì		
	The governing body?	8a_		X
	Each committee with authority to act on behalf of the governing body?	_8b_		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	}		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	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	40-	. 1	
12	In Schedule O how this was done	12c		v
13	Did the organization have a written whistleblower policy?	13		X
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	[1	
_		45-		v
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		Δ.
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva	taxable entity during the year?	16a	,	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		-21
J	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1		ļ.
	exempt status with respect to such arrangements?	16b		ļ
Sec	tion C. Disclosure	100		
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-T (Section 501(c)(3)s only) a		le	
	for public inspection. Indicate how you made these available. Check all that apply	. ,		
	Own website Another's website W Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	ادرد	
	statements available to the public during the tax year	· mian	-iui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BANK OF MILLBROOK - 845 677-4266			
	44 FRONT STREET, P.O. BOX 1447, MILLBROOK, NY 12545			

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Form 990 (2017) MILLBROOT	K LIBRAI	RY	TI	<u> </u>	ST	_			13-6078	769 Page
Part VII Compensation of Officers, I Employees, and Independen				es,	Ke:	y E	mpi	loyees, Highest C	ompensated	
					. In	D	V #I			
Check if Schedule O contains a responsible A Officers Bireston Trustees Kon										ــــــــــــــــــــــــــــــــــــــ
Section A. Officers, Directors, Trustees, Key 1a Complete this table for all persons required to									with or within the orga	unization'e tay ve
List all of the organization's current officers								· · · · · · · · · · · · · · · · · · ·	-	-
Enter -0- in columns (D), (E), and (F) if no compen: • List all of the organization's current key em	sation was pai	d						_		COmpensation
• List the organization's five current highest c able compensation (Box 5 of Form W-2 and/or Bo	ompensated e	mpl	oyee	es (o	ther	tha	n an	officer, director, truste	e, or key employee) wh	
 List all of the organization's former officers 						com	pens	sated employees who re	eceived more than \$10	0,000 of
reportable compensation from the organization a • List all of the organization's former director						n the		agosty as a former direc	tor or trustee of the or	rapization
more than \$10,000 of reportable compensation fi									tor or trustee or the ort	garnzation,
List persons in the following order, individual trus and former such persons	tees or directo	rs; ı	nstit	utio	nal t	trust	ees,	officers, key employee	s, highest compensate	ed employees,
Check this box if neither the organization n	or any related	orga	ınıza	tion	cor	npe	nsat	ed any current officer, of	director, or trustee	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any				1		1	from the	from related organizations	other compensation
	hours for	gree			l	, E		organization	(W-2/1099-MISC)	from the
	related	stee	rustee	ļ		eusat		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		ployee	E 8				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BANK OF MILLBROOK	0.80	 = -	ļĒ.	9	×	1==	-	·		
TRUSTEE		1	x			1		22,794.	0.	0
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- 41	(A) Name and title	(B) Average hours per week	(C) Position				than	(D) Reportable compensation		(E) Reportable compensation from related		(F) Estimated amount of		
		(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	trom the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	s	comp fro orga and	ther ensat m the nizatio relate nizatio	on ed
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1b	Sub-total		<u> </u>	l	<u></u>	Ì	L_	<u> </u>	22,794.		0.	· . .		0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						>	22,794.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no re		,000 of reportabl				
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		uste	e, ke	y er	nplo	yee,	, or	highest compensated e	mployee on		3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150			-					•	the organization		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	unr unr			dual for services				X
Sec	tion B. Independent Contractors										l	5	L	
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation fr	om	
	(A) Name and business			ONI					(B) Description of s			(C) ompen		1
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2	Total number of independent contractors (i	ncluding but n	ot la	mite	d to	tho	se la	stec	above) who received n	nore than				
	\$100,000 of compensation from the organi	zation 🕨				(0					C	90 /0	017)

Total revenue Total	I ai		Check if Schedule O conf		or note to any lin	e in this Part VIII			
a Foderated campagns b Membership diuse c Fundrasing events d Related organizations c Government grants (contributions) d Related organizations c Government grants (contributions) d Related organizations c Government grants (contributions) d Related organizations d Related organizations c Government grants (contributions) d Related organizations d Related organiza			<u> </u>		er note to uny m	(A)	Related or exempt function	Unrelated business	from tax under
Business Code 2 a	ats ts	1 8	Federated campaigns	1a					
Business Code 2 a	or a	ŧ	Membership dues	1b					
Business Code 2 a	S, E	(Fundraising events	1c					
Business Code 2 a	a t	(Related organizations	1d			l		
Business Code 2 a	ş,Ē	•	Government grants (contribut	tions) 1e					
Business Code 2 a	t i	1	All other contributions, gifts, gran	its, and			}		
Business Code 2 a	호		sımılar amounts not ıncluded abo	ve 1f			1		
Business Code 2 a	t o	ç	Noncash contributions included in lines	1a-1f \$					
2 a b d d d d d d d d d d d d d d d d d d	2 4	1	Total. Add lines 1a-1f						
Total, Add lines 282f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) 5 Sp5, 767, b Less cost or other basis and sales expenses and sales expenses 413, 909. c Gan or (loss) d Net gain or (loss) d Net gain or (loss) f Net gain or (loss) a Sincos income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses 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 b c C All other revenue e Total, Add lines 11a-11d 12 Total revenue See instructions.	Ì				Business Code		1		
Total, Add lines 282f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) 5 Sp5, 767, b Less cost or other basis and sales expenses and sales expenses 413, 909. c Gan or (loss) d Net gain or (loss) d Net gain or (loss) f Net gain or (loss) a Sincos income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses 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 b c C All other revenue e Total, Add lines 11a-11d 12 Total revenue See instructions.	92	2 6	•				 		
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						347 025			347 025
	72200					J#1,UJJ.	<u> </u>		Form 990 (2017)

Form 990 (2017) MILLBROOK LIBRARY TRUST Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in (A)		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	143,102.	143,102.		
2	Grants and other assistance to domestic	ļ		1	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	}			
	organizations, foreign governments, and foreign	1			
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	22 704	1	22 704	
_	trustees, and key employees	22,794.		22,794.	
6	Compensation not included above, to disqualified			ļ	
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			}	
7	· · · · · · · · · · · · · · · · · · ·				
7	Other salaries and wages Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)	1	•	Í	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
''a	Management	1	•	İ	
b	Legal				·····
c	Accounting	2,500.		2,500.	
	Lobbying			2/3001	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ī	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	32.		32.	
13	Office expenses				
14	Information technology	}			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	,		1	
	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 Character Standard Cha				
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	FOREIGN WITHHOLDING TAX	508.		508.	
	NYS FILING FEES	250.		250.	
c					
d					
	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	169,186.	143,102.	26,084.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	į		Ì	
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	<u></u>			

	990 (2017) MILLBROOK LIBRARY TRUST Balance Sheet		<u> 13-</u>	6078769 Page 11
rai	11	Check if Schedule O contains a response or note to any line in this Part X			
		and the strength of the streng	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	 	1	
	2	Savings and temporary cash investments	164,052.	+	497,620.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors.			
	l	trustees, key employees, and highest compensated employees. Complete			
	ı	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S.		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a	-		
	b	Less. accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	4,219,628.		4,063,294.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,194.	15	1,809.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,384,874.		4,562,723.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
န္မ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons			
jab		Complete Part II of Schedule L		22	·
7	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		1	
		parties, and other liabilities not included on lines 17-24) Complete Part X of		1 1	
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
ses		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets	L 	28	
pu	29	Permanently restricted net assets		29	
Ē.		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶		1 1	
S O		and complete lines 30 through 34.	4 204 254		
set	30	Capital stock or trust principal, or current funds	4,384,874.	-	4,562,723.
As	31	Paid in or capital surplus, or land, building, or equipment fund	0.		0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	0.	-	0.
_	33	Total net assets or fund balances	4,384,874.		4,562,723.
	34_	Total liabilities and net assets/fund balances	4,384,874.	34	4,562,723.

<u> Form</u>	1990 (2017)	13-6	078769	Page 12
Pa	t 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	347	,035.
2	Total expenses (must equal Part IX, column (A), line 25)	2	169	,186.
3	Revenue less expenses Subtract line 2 from line 1	3		,849.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,384	,874.
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	4,562	,723.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				es No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	[[ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	} }	}
	separate basis, consolidated basis, or both:		} {	}
	Separate basis Consolidated basis Both consolidated and separate basis		} }	
b	Were the organization's financial statements audited by an independent accountant?		2b	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	} }	j
	consolidated basis, or both		1 1]
	Separate basis Consolidated basis Both consolidated and separate basis		} }	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	t t	[
	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 Sch	edule O	1 1	ļ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audit	:	
	Act and OMB Circular A-133?		3a	<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number MILLBROOK LIBRARY TRUST 13-6078769 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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 5 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 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). 12 X 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. J 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. d X 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 III, 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) (iv) Is the organization listed (III) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) MILLBROOK LIBRARY 14-1434152 X 143,102. 143,102. 0. **Total**

	edule A (Form 990 or 990 EZ) 2017 M Int II Support Schedule for				(b)(1)(A)(iv) and	13-6078 d 170(b)(1)(A)(vi	769 Page'2
	(Complete only if you checke						
	fails to qualify under the tests						
Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·				/
	- 	(-) 2012	(L) 2014	(-) 0015	(-D 0016	(1) 2017	(O T-4-)
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
τ	Gifts, grants, contributions, and	†			1		
	membership fees received (Do not	<u>'</u>			1		
_	include any "unusual grants ")	<u> </u>		 	 	-/	
2	Tax revenues levied for the organ-	1					
	ization's benefit and either paid to	<u>'</u>			1	ľ	
	or expended on its behalf	<u> </u>			<i> </i> -		
3	The value of services or facilities	<u>'</u>			1	1	
	furnished by a governmental unit to	1				1	
	the organization without charge	ļ			 	 	
	Total. Add lines 1 through 3	ļ'	 		\		
5	The portion of total contributions	1			1	1	
	by each person (other than a	}		,	1	}	
	governmental unit or publicly	}				1	
	supported organization) included	}				- }	
	on line 1 that exceeds 2% of the	}					
	amount shown on line 11,	1)	
	column (f)	<u> </u>					
	Public support. Subtract line 5 from line 4	1	l	1_/	1	11	
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014 /	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	ļ		ļ	 		
8	Gross income from interest,	ł					
	dividends, payments received on	ł				[
	securities loans, rents, royalties,						
	and income from similar sources	{			 		
9	Net income from unrelated business	!				l (
	activities, whether or not the	1				l (
	business is regularly carried on						
10	Other income Do not include gain				-		
	or loss from the sale of capital						
	assets (Explain in Part VI)	/			 		
	Total support. Add lines 7 through 10	<i>-</i>	L	L,	L		
	Gross receipts from related activities,	. [•			12	
13	First five years. If the Form 990 is for	#	s tirst, second, thir	d, tourth, or titth t	ax year as a section	n 501(c)(3)	. —
Sec	organization, check this box and store ction C. Computation of Publ		rcentage				
	Public support percentage for 2017,(<i>7</i>		column (fl)		14	%
	Public support percentage from 2016			Joidinin (1))		15	
	33 1/3% support test - 2017. If the o		•	n line 13, and line	14 is 33 1/3% or n	<u> </u>	
iva	stop here. The organization qualifies	•			14 13 00 17070 01 11	nore, cricek triis box	▶ □
h	33 1/3% support test - 2016. If the o				d line 15 is 33 1/3%	or more, check the	-
_	and stop here. The organization qual						▶ □
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b	and line 14 is 10% o	or more.
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"						▶ .
b	10% -facts-and-circumstances tes				=	17a, and line 15 is 1	0% or
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				
	//					dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2017 MILLBROOK LIBRARY TRUST Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	gualify under the tests listed b	elow, please comp	olete Part II)				
Section	on A. Public Support		 		,	- 	
Calenda	ar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 G	ifts, grants, contributions, and	1	1				
m	embership fees received (Do not	1	1				
in	clude any "unusual grants ")			· · · · · · · · · · · · · · · · · · ·			
m fo an	ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in ny activity that is related to the ganization's tax-exempt purpose						
-	ross receipts from activities that						
	re not an unrelated trade or bus-						1
	ess under section 513	<u> </u>			/		
ıza	ax revenues levied for the organ- ation's benefit and either paid to rexpended on its behalf				/		
5 Th	ne value of services or facilities						}
fu	rnished by a governmental unit to						}
th	e organization without charge						<u> </u>
6 To	otal. Add lines 1 through 5			/		<u> </u>	<u> </u>
	mounts included on lines 1, 2, and received from disqualified persons		/				
b Am	nounts included on lines 2 and 3 received					 	
exc	om other than disqualified persons that ceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
	dd lines 7a and 7b		/				
	ublic support. (Subtract line 7c from line 6)					 	
	on B. Total Support						<u> </u>
Calenda	ar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	mounts from line 6			•			
dr se	ross income from interest, vidends, payments received on ecurities loans, rents, royalties, and income from similar sources						
b Ur	nrelated business taxable income						
•	ess section 511 taxes) from businesses equired after June 30, 1975		i				
	dd lines 10a and 10b						
11 No	et income from unrelated business ctivities not included in line 10b, hether or not the business is gularly carried on		i				
or	ther income Do not include gain closs from the sale of capital ssets (Explain in Part VI)						
	otal support. (Add lines 9, 10c, 11, and 12)	L	<u> </u>	<u> </u>	<u> </u>	<u></u>	L
14 Fi	rst five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	zation,
	neck this box and stop here						▶ □
Section	on C. Computation of Publ	ic Support Pe	rcentage	·		, -, 	
15 Pu	ublic support percentage for 2017 (line 8, column (f) d	ivided by line 13, o	olumn (f))		15	%
	ublic support percentage from 2016					16	%
Section	on D. Computation of Inve	stment Incom	e Percentage				
17 /In	vestment income percentage for 20)17 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18 In	vestment income percentage from	2016 Schedule A,	Part III, line 17			18	%
	3 1/3% support tests - 2017. If the ore than 33 1/3%, check this box a	-		•			17 is not
	3 1/3% support tests - 2016. If the	•	- ,	, ,	• • •		and
	ne 18 is not more than 33 1/3%, che						▶ □
	rivate foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
	1.00	
	x	
1	^	
		v
2		X
3a		X
1		
3b		
3c		
4a		_X_
4b		
4c		
5a		Х
5b 5c		
1		
1		
6		X
}		
7		X
8		X
9a		X
9b		X
9c		<u>x</u>
}		
10a		х
10b 990 or 9	00 E7	

	edule A (Form 990 or 990-EZ) 2017 MILLBROOK LIBRARY TRUST 1	<u> 13-607876</u>	9 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
		<u> </u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	 	X
	A family member of a person described in (a) above?	11b	 	X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	l	X
Sec	tion B. Type I Supporting Organizations		Voc	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	[Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ļ		l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	Į		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ļ		j
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		1
2	Did the organization operate for the benefit of any supported organization other than the supported	<u>-</u> -		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		
	supervised, or controlled the supporting organization.	2		j
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		,	
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ		-
	the supported organization(s).		<u> </u>	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1	1	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_	X	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		İ	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	ļ	X
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		1
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's)
	supported organizations played in this regard	3	X	L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instr	uctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instruction		Γ
2	Activities Test Answer (a) and (b) below.	Γ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify]
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a	┼─	-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
				{
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	QL	1	}
3	Parent of Supported Organization's Involvement.		 	
_	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	Ì	1	
а	trustees of each of the supported organizations? Provide details in Part VI,	20	1	
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	 	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3ь	1	
	The state of the s			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co			,
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	}		
	collection of gross income or for management, conservation, or	1		
	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)			<u> </u>
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		<u> </u>
d	Total (add lines 1a, 1b, and 1c)	1d		<u></u>
e	Discount claimed for blockage or other	}		
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>
3	Subtract line 2 from line 1d	3		<u></u>
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		<u> </u>
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	1		
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ılly ıntegra	ted Type III supporting org	anızatıon (see

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

c Excess from 2015d Excess from 2016e Excess from 2017

Schedule A (Form 990 or 990 EZ) 2017 MILLBROOK LIBRARY TRUST	<u>13-6078769</u> Page 8_
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 10, Part II, line 10, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any a (See instructions)	ines 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
FORM 990, PART IV, SCHEDULE A, SECTION D, LN 2	
THE SUPPORTING ORGANIZATION'S OFFICERS/DIRECTORS MAINTAIN	N A CLOSE AND
CONTINUOUS WORKING RELATIONSHIP WITH THE BENEFICIARY'S OF	RGANIZATION'S
OFFICERS AND MEETS REGULARLY.	
FORM 990, PART IV, SCHEDULE A, SECTION D, LN 3	
THE MILLBROOK LIBRARY (BENEFICIARY ORGANIZATION) HAS AN A	ADVISORY ROLE
IN THE INVESTMENT DECISIONS. MONTHLY REPORTS SHOWING VA	LUE 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.	
	

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, ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. TRUST MILLBROOK LIBRARY General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part

Open to Public OMB No 1545-0047

Inspection

% X LIBRARY IN ITS MISSION TO Employer identification number 13-6078769 TO SUPPORT THE MILLBROOK (h) Purpose of grant SERVE THE COMMUNITY or assistance , ∀es 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 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 noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (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 Enfer total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line is cause LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 14-1434152 (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government MILLBROOK NY 12545 MILLBROOK LIBRARY P.O. BOX 286 N

Schedule I (Form 990) (2017)

Page 2 Schedule I (Form 990) (2017) (f) Description of noncash assistance 13-6078769 (e) Method of valuation (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) (2017) MILLBROOK 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 Grants and Other Assistance to Bomestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 732102 11-01-17

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer identification number MILLBROOK LIBRARY TRUST 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 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 11B:
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 LIBRARY TRUST DOES NOT MAKE AVAILABLE FOR PUBLIC INSPECTION
ITS GOVERNING DOCUMENTS, POLICIES OR FINANCIAL DATA (OTHER THAN AS REQUIRED
BY IRC SECTION 6104).

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

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

► Attach to Form 990.

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

2017

OMB No 1545-0047

Open to Public Inspection

Employer identification number

13-6078769

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

Direct controlling 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 End-of-year assets Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(bX13) controlled °Z × entity? Yes Direct controlling status (if section 501(c)(3)) Public charity Exempt Code section 501(C)(3) 9 Legal domicile (state or foreign country) NEW YORK ATRONS WITHIN MILLBROOK AND SURROUNDING AREAS. IBRARY SERVICES FOR Primary activity Name, address, and EIN of related organization MILLBROOK LIBRARY - 14-1434152 12545 MILLBROOK NY P.O. BOX 286

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

Schedule R (Form 990) 2017

13-6078769 Page 2

Schedule R (Form 990) 2017 MILLBROOK 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

(a)	(g)	(3)	G	(e)		€	(a)	3	9	3	ŝ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code 20 of 8		Perc
								<u> </u>			
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable in propertion or trust during	as a Corpo	ration or Trust. Co	omplete if the o	rganization an	swered "Yes"	on Form 990, I	art IV, line 3.	4, because it h	ad one or m	ore related
(a) Name, address, and EIN of related organization	N. c.	Prima	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(9) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
					!						

ı				ı		ı	1	ı			ı		ı		
	<u> </u>	512(b)(13) controlled	8 S		 	_	 					 	_		
		9 5 6	Yes		 	_		_	_			 		_	_
	ε	Percentage ownership								i					
		Share of end-of-year								,					
	ε	Share of total income										i			
	(e)	Type of entity (C corp, S corp,	or trust)												
	9	Direct controlling Type of entity Si entity (C corp. S corp.													
	<u> </u>	Legal domicile (state or	country)												
ing the tax year	(Q)	Primary activity		: :						,					
טושפוויבמווטוז וופמופת מא מ כטושטוו טו וושא עטוווון וויפ ומא אפמ	(a)	Name, address, and EIN of related organization													

Schedule R (Form 990) 2017

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Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s 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				1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				ار
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				×
a Sale of assets to related organization(s)				1a X
j Lease of facilities, equipment, or other assets to related organization(s)				
k Lease of facilities, equipment, or other assets from related organization(s)				*
1 Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			11 X
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			+
 Sharing of paid employees with related organization(s) 				10 X
p Reimbursement paid to related organization(s) for expenses				Tp X
q Reimbursement paid by related organization(s) for expenses				1g X
r Other transfer of cash or property to related organization(s)				÷
s Other transfer of cash or property from related organization(s)		1		
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	who must complete t	his line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
1) MILLBROOK LIBRARY	മ	143,102.	FAIR MARKET VALUE	
[2]				
(6)				
4.				
(9)				
32763 08-11-17			Schedule	Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 MILLBROOK 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

or Percentage					Schedule 8 (Form 990) 2017
(j) General or managing partner? Yes No				 	
bispropor- bispropor- bispropor- binate binate amount in box 20 managing allocations? of Schedule K-1 partner? bes No (Form 1065) Yes No					O. O. O. O. O. O. O. O. O. O. O. O. O. O
(g) Share of end-of-year assets	Í				
(f) Share of total income					
(e) Are all Are all 501(c)(3) 0005 Yes No					
(d) Predominant incominal (related, unrelated, excluded from tax uncomescenses 512-514)		i			
(c) Legal domicile (state or foreign country)					
(b) Primary activity			_		
(a) Name, address, and EIN of entity					

Schedule R	(Form 990) 2017	MILLBROOK	LIBRARY T	TRUST		<u> 13-6078769</u>	Page 5
Part VII	(Form 990) 2017 Supplemental Info	rmation.					
<u> </u>					_		
	Provide additional inform	ation for responses t	o questions on Sch	nedule R. See instr	uctions		
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