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CLIENT'S COPY

WILTON LIBRARY ASSOCIATION, INC  
137 OLD RIDGEFIELD ROAD  
WILTON, CT 06897

WILTON LIBRARY ASSOCIATION, INC:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2010 EXEMPT  
ORGANIZATION RETURNS, AS FOLLOWS...

2010 FORM 990

2010 FORM 990-T

2010 CONNECTICUT FORM CT-990T

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE  
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED  
FOR YOUR FILES.

VERY TRULY YOURS,

ROBIN STRONG

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

..... JUNE 30, 2011 .....

<b>Prepared for</b>	WILTON LIBRARY ASSOCIATION, INC 137 OLD RIDGEFIELD ROAD WILTON, CT 06897
<b>Prepared by</b>	O'CONNOR DAVIES MUNNS & DOBBINS, LLP ONE STAMFORD LANDING STAMFORD, CT 06902
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	MAY 15, 2012
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

**Return of Organization Exempt From Income Tax**

**2010**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>WILTON LIBRARY ASSOCIATION, INC</b>		<b>D Employer identification number</b> <b>06-0662194</b>
	Doing Business As		<b>E Telephone number</b> <b>203-762-3950</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> <b>3,149,480.</b>
	<b>137 OLD RIDGEFIELD ROAD</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
City or town, state or country, and ZIP + 4 <b>WILTON, CT 06897</b>		<b>H(c) Group exemption number</b> ▶	
<b>F Name and address of principal officer:</b> <b>KATHERINE LEEDS</b> <b>SAME AS C ABOVE</b>			
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ <b>WWW.WILTONLIBRARY.ORG</b>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1916</b> <b>M State of legal domicile:</b> <b>CT</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>IT PROVIDES LIBRARY COLLECTIONS, PROGRAMS, AND SERVICES TO THOSE WHO LIVE AND WORK IN WILTON</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>67</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>334</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>4,689.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>2,867,276.</b>	<b>Current Year</b> <b>2,811,711.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>216,039.</b>	<b>245,043.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7,347.</b>	<b>19,967.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-30,323.</b>	<b>668.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,060,339.</b>	<b>3,077,389.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,046,337.</b>	<b>2,067,220.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>140,679.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>1,356,819.</b>	<b>1,341,415.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,403,156.</b>	<b>3,408,635.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-342,817.</b>	<b>-331,246.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>12,425,660.</b>	<b>End of Year</b> <b>12,020,387.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>260,714.</b>	<b>157,864.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>12,164,946.</b>	<b>11,862,523.</b>

**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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer		Date		
	▶ <b>KATHERINE LEEDS, DIRECTOR</b>		Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ROBIN STRONG</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ <b>O'CONNOR DAVIES MUNNS &amp; DOBBINS, LLP</b>	Firm's EIN ▶		Phone no. <b>203-323-2400</b>	
Firm's address ▶ <b>ONE STAMFORD LANDING</b>		<b>STAMFORD, CT 06902</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE WILTON LIBRARY ASSOCIATION'S MISSION IS TO PROVIDE A LIFETIME OF DISCOVERY AT THE HEART OF THE COMMUNITY, MEETING THE NEEDS OF THOSE WE SERVE BY INFORMING AND INSPIRING MINDS, AND ENRICHING AND CONNECTING LIVES. THE ORGANIZATION PROVIDES RELEVANT AND HIGH QUALITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,709,135. including grants of \$ ) (Revenue \$ 261,358. ) TO ANTICIPATE, SUPPORT AND RESPOND TO THE EDUCATION, RECREATION AND INFORMATION NEEDS OF THE TOWN OF WILTON, CONNECTICUT COMMUNITY THROUGH THE DEVELOPMENT OF HIGH QUALITY LIBRARY COLLECTIONS, PROGRAMS AND SERVICES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,709,135.

**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		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? <i>If "Yes," complete Schedule G, Part I</i> .....		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? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with Yes/No columns and input fields for numerical values.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 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); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (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 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 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? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed [CT]
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SUSAN TAYLOR - 203-762-3950 137 OLD RIDGEFIELD ROAD, WILTON, CT 06897

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KATHERINE C. LEEDS LIBRARY DIRECTOR	35.00	X		X				111,076.	0.	49,434.
JEFF BARBOUR BOARD MEMBER	1.00	X						0.	0.	0.
CHRIS HEVESY BOARD MEMBER	1.00	X						0.	0.	0.
DERREL MASON BOARD MEMBER	1.00	X						0.	0.	0.
SHIRLEY BERGIN BOARD MEMBER	1.00	X						0.	0.	0.
JUDY HIGBY PRESIDENT	1.00	X		X				0.	0.	0.
CATHERINE ROMER BOARD MEMBER	1.00	X						0.	0.	0.
TRISH CLIFFORD BOARD MEMBER	1.00	X						0.	0.	0.
WHITNEY JANEWAY SECRETARY	1.00	X		X				0.	0.	0.
MAURICE SEGALL BOARD MEMBER	1.00	X						0.	0.	0.
SUSAN DILORETO BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL KAE LIN VICE PRESIDENT	1.00	X		X				0.	0.	0.
HOLLY SEXTON TREASURER	1.00	X		X				0.	0.	0.
ANN PETERS DUFFY BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT KELSO BOARD MEMBER	1.00	X						0.	0.	0.
HAROLD SOMERDYK BOARD MEMBER	1.00	X						0.	0.	0.
PATRICIA A. GOULD BOARD MEMBER	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEN KEMPSON BOARD MEMBER	1.00	X						0.	0.	0.
ELAINE TAI-LAURIA BOARD MEMBER	1.00	X						0.	0.	0.
GLENN HEMMERLE BOARD MEMBER	1.00	X						0.	0.	0.
LARRY KOCH BOARD MEMBER	1.00	X						0.	0.	0.
DAVID WATERS, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
JANICE HESS BOARD MEMBER	1.00	X						0.	0.	0.
DANIEL F. MAHONY BOARD MEMBER	1.00	X						0.	0.	0.
DIANE WILSON BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								111,076.	0.	49,434.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								111,076.	0.	49,434.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	125,808.				
	d	Related organizations					
	e	Government grants (contributions)	2,368,371.				
	f	All other contributions, gifts, grants, and similar amounts not included above	317,532.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f	2,811,711.				
	Program Service Revenue	2 a	<b>SERVICE FEES</b>	245,043.	245,043.		
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f	245,043.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	19,774.			19,774.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real 8,050.				
		b	Less: rental expenses	3,361.			
		c	Rental income or (loss)	4,689.			
	d	Net rental income or (loss)	4,689.		4,689.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 16,364.				
		b	Less: cost or other basis and sales expenses	16,171.			
		c	Gain or (loss)	193.			
		d	Net gain or (loss)	193.			193.
	8 a	Gross income from fundraising events (not including \$ 125,808. of contributions reported on line 1c). See Part IV, line 18	a 32,223.				
		b	Less: direct expenses	b 52,559.			
		c	Net income or (loss) from fundraising events	-20,336.			-20,336.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11 a	<b>OTHER</b>	900099	16,315.	16,315.			
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		16,315.				
12	<b>Total revenue.</b> See instructions.		3,077,389.	261,358.	4,689.	-369.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	160,512.	144,461.	16,051.	
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 .....	1,302,088.	970,362.	247,502.	84,224.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	180,327.	133,415.	34,842.	12,070.
9 Other employee benefits .....	298,356.	222,090.	56,860.	19,406.
10 Payroll taxes .....	125,937.	95,385.	23,046.	7,506.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	21,208.	5,302.	15,906.	
12 Advertising and promotion .....				
13 Office expenses .....	30,761.	7,691.	23,070.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	245,915.	213,946.	31,969.	
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 .....	674,840.	587,111.	87,729.	
23 Insurance .....	25,374.	22,837.	2,537.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>LIBRARY MATERIALS, TECH</b> .....	189,852.	189,852.		
b <b>PUBLIC SERVICES</b> .....	122,725.	116,589.	6,136.	
c <b>ANNUAL APPEAL</b> .....	15,602.			15,602.
d <b>MISCELLANEOUS</b> .....	15,138.	94.	13,173.	1,871.
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	3,408,635.	2,709,135.	558,821.	140,679.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	662,295.	<b>2</b>	623,374.	
	<b>3</b> Pledges and grants receivable, net .....	62,645.	<b>3</b>	58,219.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 employees' beneficiary organizations (see instructions) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	3,685.	<b>9</b>	7,778.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 15,171,549.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,259,674.			
		11,349,282.	<b>10c</b>	10,911,875.	
	<b>11</b> Investments - publicly traded securities .....	347,753.	<b>11</b>	419,141.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>			
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	12,425,660.	<b>16</b>	12,020,387.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	180,477.	<b>17</b>	98,060.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	80,237.	<b>23</b>	59,804.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	260,714.	<b>26</b>	157,864.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	11,718,264.	<b>27</b>	11,376,098.	
	<b>28</b> Temporarily restricted net assets .....	369,116.	<b>28</b>	408,859.	
	<b>29</b> Permanently restricted net assets .....	77,566.	<b>29</b>	77,566.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	12,164,946.	<b>33</b>	11,862,523.	
<b>34</b> Total liabilities and net assets/fund balances .....	12,425,660.	<b>34</b>	12,020,387.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,077,389.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,408,635.
3	Revenue less expenses. Subtract line 2 from line 1	3	-331,246.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,164,946.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	28,823.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,862,523.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2010)

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization <b>WILTON LIBRARY ASSOCIATION, INC</b>	Employer identification number <b>06-0662194</b>
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**Part I 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.)

- 1  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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 9  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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2673409.	2838351.	2802046.	2867448.	2811711.	13992965.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	2673409.	2838351.	2802046.	2867448.	2811711.	13992965.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						13992965.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	2673409.	2838351.	2802046.	2867448.	2811711.	13992965.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	26,350.	29,539.	14,012.	12,343.	19,774.	102,018.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....	781.	1,752.	2,727.	3,708.	4,689.	13,657.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	44,105.	8,631.	9,787.	15,847.	16,315.	94,685.
11 <b>Total support.</b> Add lines 7 through 10						14203325.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,038,318.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	98.52	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	98.50	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

Employer identification number

WILTON LIBRARY ASSOCIATION, INC

06-0662194

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

<b>Name of organization</b>  WILTON LIBRARY ASSOCIATION, INC	<b>Employer identification number</b>  06-0662194
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TOWN OF WILTON  238 DANBURY ROAD  WILTON, CT 06897	\$ 2,365,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  WILTON LIBRARY ASSOCIATION, INC	<b>Employer identification number</b>  06-0662194
--	---

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

<b>Name of organization</b>  WILTON LIBRARY ASSOCIATION, INC	<b>Employer identification number</b>  06-0662194
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

WILTON LIBRARY ASSOCIATION, INC

Employer identification number

06-0662194

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	77,566.	77,566.	77,566.		
b Contributions					
c Net investment earnings, gains, and losses	3,978.	5,494.	2,263.		
d Grants or scholarships					
e Other expenditures for facilities and programs	3,978.	5,494.	2,263.		
f Administrative expenses					
g End of year balance	77,566.	77,566.	77,566.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		400,000.		400,000.
b Buildings		12,050,930.	2,636,329.	9,414,601.
c Leasehold improvements				
d Equipment		34,091.	568.	33,523.
e Other		2,686,528.	1,622,777.	1,063,751.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,911,875.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,077,389.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,408,635.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-331,246.
4	Net unrealized gains (losses) on investments	4	28,823.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	28,823.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-302,423.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	3,109,573.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	28,823.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	3,361.
e	Add lines 2a through 2d	2e	32,184.
3	Subtract line 2e from line 1	3	3,077,389.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,077,389.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	3,411,996.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	3,361.
e	Add lines 2a through 2d	2e	3,361.
3	Subtract line 2e from line 1	3	3,408,635.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,408,635.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE LIBRARY'S ENDOWMENT FUNDS WERE ESTABLISHED TO**

**PROVIDE LONG-TERM SUPPORT FOR THE LIBRARY'S PROGRAMS.**

**PART X, LINE 2: THE LIBRARY RECOGNIZES THE EFFECT OF INCOME TAX**

**POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING**

**SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE LIBRARY HAD NO UNCERTAIN TAX**

**POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. THE LIBRARY**

**IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAX JURISDICTIONS FOR**

**Part XIV** Supplemental Information (continued)

PERIODS PRIOR TO 2008.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INTEREST EXPENSE RELATED TO RENTAL INCOME 3,361.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

INTEREST EXPENSE RELATED TO RENTAL INCOME 3,361.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BEYOND WORDS (event type)	LADIES SOIREE (event type)	3 (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	122,028.	24,015.	11,988.	158,031.
	<b>2</b> Less: Charitable contributions .....	105,843.	19,935.	30.	125,808.
	<b>3</b> Gross income (line 1 minus line 2) .....	16,185.	4,080.	11,958.	32,223.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	21,669.	598.	2,826.	25,093.
	<b>8</b> Entertainment .....	724.	700.	100.	1,524.
	<b>9</b> Other direct expenses .....	13,148.	2,284.	10,510.	25,942.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 52,559 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-20,336.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

WILTON LIBRARY ASSOCIATION, INC

Employer identification number

06-0662194

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KATHERINE C. LEEDS	(i)	111,076.	0.	0.	22,171.	27,263.	160,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**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

**2010**

Open to Public  
Inspection

Name of the organization

WILTON LIBRARY ASSOCIATION, INC

Employer identification number

06-0662194

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COLLECTIONS, PROGRAMS, AND SERVICES TO THOSE WHO LIVE AND WORK IN

WILTON, SERVING AS THE TOWN'S CULTURAL AND LIFELONG LEARNING CENTER.

AS A PRIVATE ENTITY SERVING THE PUBLIC GOOD, THE LIBRARY ASSOCIATION

LEVERAGES PUBLIC SUPPORT WITH INDIVIDUAL, CORPORATE, AND FOUNDATION

FUNDING IN PURSUIT OF ITS GOALS.

FORM 990, PART VI, SECTION B, LINE 11: THE IRS FORM 990, PREPARED BY AN

INDEPENDENT FIRM, IS SENT TO THE EXECUTIVE DIRECTOR AND FINANCIAL MANAGER

OF THE WILTON LIBRARY WHO THEN REVIEW IT, ASK ANY NECESSARY QUESTIONS OF

THE PREPARER, AND RESOLVE ANY ISSUES.

BEFORE THE FORM IS FILED WITH THE INTERNAL REVENUE SERVICE, IT MUST BE

SUBMITTED ELECTRONICALLY TO MEMBERS OF THE ORGANIZATION'S BOARD OF

TRUSTEES, ALLOWING ONE WEEK FOR ANY COMMENTS. RESULTING COMMENTS ARE

IMMEDIATELY GROUPED, SUMMARIZED AND PROVIDED FOR REVIEW TO THE INDEPENDENT

FIRM (WORKING WITH MANAGEMENT) UNTIL THE RETURN IS FINALIZED AND APPROVED

BY THE BOARD OF TRUSTEES FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: DISCLOSURE STATEMENTS WILL BE

COMPLETED BY EACH TRUSTEE AND COLLECTED BY THE EXECUTIVE DIRECTOR BY

SEPTEMBER OF EACH YEAR.

THE EXECUTIVE DIRECTOR AND A DESIGNATED TRUSTEE WILL REVIEW THE STATEMENTS

TO SEE IF THERE ARE ANY ITEMS OF CONFLICT REPORTED.

THE EXECUTIVE DIRECTOR WILL PREPARE AND PRESENT TO THE EXECUTIVE COMMITTEE

FOR THEIR REVIEW, A SUMMARY OF THE FINDINGS.

THE EXECUTIVE COMMITTEE WILL INFORM THE BOARD OF TRUSTEES WHEN THE PROCESS

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

Name of the organization WILTON LIBRARY ASSOCIATION, INC	Employer identification number 06-0662194
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HAS BEEN COMPLETED.

FORM 990, PART VI, SECTION B, LINE 15: AT THE SEPTEMBER MEETING OF THE BOARD OF TRUSTEES, THE PRESIDENT WILL DESCRIBE THE PROCESS AND WILL PRESENT A SUMMARY OF THE DIRECTOR'S AREA OF FOCUS FOR THE CURRENT YEAR.

PRIOR TO THE MARCH MEETING OF THE BOARD, A DIRECTOR PERFORMANCE SURVEY WILL BE SENT TO THE TRUSTEES, TO BE RETURNED WITHIN TEN DAYS TO A DESIGNATED MEMBER OF THE HUMAN RESOURCES COMMITTEE, WHO WILL COLLATE THE RESULTS. IN THE SAME TIME PERIOD, INDIVIDUAL TRUSTEES WILL GIVE TO THE PRESIDENT ANY SUGGESTIONS FOR THE DIRECTOR'S AREAS OF FOCUS FOR THE COMING YEAR.

IN APRIL, THE PRESIDENT WILL MEET WITH THE DIRECTOR CONCERNING THE AREAS OF FOCUS FOR THE CURRENT YEAR AND TO DETERMINE THOSE FOR THE FOLLOWING YEAR. FOCUS AREAS SUGGESTED BY INDIVIDUAL TRUSTEES WILL BE CONSIDERED BUT NOT NECESSARILY INCLUDED IN THE DIRECTOR'S FINAL LIST.

PRIOR TO THE MAY EC MEETING, THE MEMBERS WILL MEET IN EXECUTIVE SESSION TO RECEIVE THE REPORT FROM THE CHAIRMAN OF THE HR COMMITTEE. THE REPORT WILL INCLUDE A SUMMARY OF THE SURVEY RESULTS, A SUMMARY OF THE DIRECTOR'S ACHIEVEMENT IN THE FOCUS AREAS, AND A RECOMMENDATION ON THE DIRECTOR'S COMPENSATION PACKAGE. THE EC WILL THEN DETERMINE THE COMPENSATION PACKAGE TO BE PROPOSED TO THE BOARD.

AT THE MAY BOARD MEETING, IN AN EXECUTIVE SESSION OF THE FULL BOARD, THE PRESIDENT WILL PRESENT THE EC RECOMMENDATION FOR THE DIRECTOR'S COMPENSATION PACKAGE. FOLLOWING DISCUSSION IN EXECUTIVE SESSION, THE BOARD WILL VOTE ON THE PACKAGE IN OPEN SESSION, WITH THE RESULTS OF THE VOTE RECORDED IN THE MINUTES.

FOLLOWING THE MAY BOARD MEETING, THE PRESIDENT WILL NOTIFY THE FINANCIAL DIRECTOR OF ANY CHANGES IN THE DIRECTOR'S COMPENSATION PACKAGE AND WILL PREPARE A PERFORMANCE EVALUATION REPORT FOR THE DIRECTOR TO KEEP ON FILE.

Name of the organization WILTON LIBRARY ASSOCIATION, INC	Employer identification number 06-0662194
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FORM 990, PART VI, SECTION C, LINE 18: FORM 1023, FORM 990S, AND FORM 990-TS ARE AVAILABLE UPON REQUEST. FORM 990S ARE AVAILABLE ON THE LIBRARY'S WEBSITE AND ON GUIDESTAR.COM

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST TO MANAGEMENT.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:  
NET UNREALIZED GAINS ON INVESTMENTS: 28,823.

PART XII, LINE 2C  
THIS PROCESS HAS NOT CHANGED IN THE CURENT YEAR.

2010 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OTHER											
20	SPEAKER SYSTEM	12/31/97	SL	5.00	16	1,500.			1,500.	1,500.		0.
22	VISION ENHANCER	12/31/99	SL	5.00	16	3,407.			3,407.	3,407.		0.
35	PRINT MGT SYSTEM	01/16/04	SL	5.00	16	8,674.			8,674.	8,674.		0.
36	(D) PROJECTOR	05/20/04	SL	5.00	16	1,700.			1,700.	1,700.		0.
47	SHELVING	12/31/99	SL	5.00	16	8,600.			8,600.	8,600.		0.
	CABINETS - HISTORY											
50	ROOM	12/31/99	SL	5.00	16	2,454.			2,454.	2,454.		0.
	CHAIRS/TABLES -											
51	STAFF ROOM	12/31/99	SL	5.00	16	2,250.			2,250.	2,250.		0.
52	SHELVING	12/31/00	SL	5.00	16	11,877.			11,877.	11,877.		0.
53	LOCKERS	12/31/00	SL	5.00	16	563.			563.	563.		0.
	PARTITIONS IN											
71	REFERENCE OFFICE	12/01/92	SL	22.00	16	12,076.			12,076.	9,599.		549.
72	OIL TANK	12/01/91	SL	20.00	16	6,510.			6,510.	5,046.		326.
	BATHROOM - STAFF											
73	REFERENCE	03/01/96	SL	18.00	16	15,327.			15,327.	12,206.		852.
	LOBBY OFFICE -											
76	BUSINESS CENTER	12/01/95	SL	10.00	16	1,270.			1,270.	1,270.		0.
79	(D) AIR CONDITIONING	12/31/99	SL	10.00	16	6,570.			6,570.	6,570.		0.
	OUTSIDE LIGHTS -											
80	ABOVE OLD STAFF ENT	12/31/99	SL	10.00	16	2,862.			2,862.	2,862.		0.
	TRACK LIGHTING -											
81	ADULT INTERNET AREA	12/31/00	SL	5.00	16	1,620.			1,620.	1,620.		0.
83	LIBRARY EXPANSION	07/14/05	SL	39.00	16	675,276.			675,276.	86,575.		17,313.

2010 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
84	(D) BOOKS & PERIODICALS - FY 2012	12/31/04	SL	5.00	16	184,935.			184,935.	184,935.		0.
85	POWEREDGE RACK IN SERVER ROOM	12/29/04	SL	5.00	16	2,932.			2,932.	2,932.		0.
86	IN MAGIC SOFTWARE (D) 3-SERVERS WITH	01/19/05	SL	5.00	16	2,025.			2,025.	2,025.		0.
87	SWITCHES & CABLES	06/28/05	SL	5.00	16	25,802.			25,802.	25,802.		0.
88	(D) 4- COMPUTERS	06/28/05	SL	5.00	16	4,464.			4,464.	4,464.		0.
89	(D) 17 - COMPUTERS	06/28/05	SL	5.00	16	14,701.			14,701.	14,701.		0.
90	(D) LAPTOP	06/28/05	SL	5.00	16	1,823.			1,823.	1,823.		0.
91	(D) 43 - COMPUTERS NETWORK - HP PRO	06/30/05	SL	5.00	16	46,791.			46,791.	46,791.		0.
92	CURVE SWITCH	06/30/05	SL	5.00	16	9,501.			9,501.	9,501.		0.
93	ENVISIONWARE	06/30/05	SL	3.00	16	18,100.			18,100.	18,100.		0.
94	(D) 5 - SCANNERS	06/30/05	SL	5.00	16	2,873.			2,873.	2,873.		0.
95	(D) DATA BASE SERVER	01/24/05	SL	5.00	16	19,015.			19,015.	19,015.		0.
96	HORIZON SOFTWARE USED PIANO -	02/28/05	SL	3.00	16	19,805.			19,805.	19,805.		0.
97	BRUBECK ROOM	10/04/04	SL	5.00	16	19,995.			19,995.	19,995.		0.
98	34 CHAIRS, 1 TABLE, 2 BENCHES UPHOLSTE	05/10/05	SL	5.00	16	9,912.			9,912.	9,912.		0.
99	24 STACKABLE CHAIRS	03/03/05	SL	5.00	16	2,964.			2,964.	2,964.		0.
100	40 STACKING CHAIRS	06/08/05	SL	5.00	16	2,720.			2,720.	2,720.		0.
101	END PANELS (DEPOSIT)	06/30/05	SL	5.00	16	7,239.			7,239.	7,239.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
102	MING LOW VASE - PLANTER	033105	SL	5.00	16	390.			390.	390.		0.
103	4 FOLDING TABLES - PLASTIC 8 FOOT	061605	SL	5.00	16	634.			634.	634.		0.
104	5 CD DISPLAY UNITS - TEENS	060905	SL	5.00	16	3,447.			3,447.	3,447.		0.
105	TABLES, SCREENS, LIGHTS, CHAIRS (DEP	063005	SL	5.00	16	10,904.			10,904.	10,904.		0.
106	67 CHAIRS (DEPOSIT) TABLES, CARTS,	063005	SL	5.00	16	4,181.			4,181.	4,181.		0.
107	SEATS (DEPOSIT) OFFICE MODULAR	063005	SL	5.00	16	33,611.			33,611.	33,611.		0.
108	UNITS (DEPOSIT) KNOLL TEXTILES -	063005	SL	5.00	16	15,859.			15,859.	15,859.		0.
109	FABRIC FOR VITRA CH	063005	SL	5.00	16	2,594.			2,594.	2,594.		0.
110	(D)USED FURNITURE 258 ARMLESS	072204	SL	5.00	16	1,140.			1,140.	1,140.		0.
111	STACKING CHAIRS - W	063005	SL	5.00	16	52,187.			52,187.	52,187.		0.
112	8 VISACOM POLISHED CHROME - LOBBY CHAI	063005	SL	5.00	16	5,650.			5,650.	5,650.		0.
113	SUNFLOWER CLOCK - BRUBECK ROOM	063005	SL	5.00	16	425.			425.	425.		0.
114	CHAIR (DEPOSIT) 7 SHELVES, 24 STEP	063005	SL	5.00	16	1,782.			1,782.	1,782.		0.
115	STOOLS	062805	SL	5.00	16	3,189.			3,189.	3,189.		0.
116	(D)3 PRINTERS	063005	SL	5.00	16	2,812.			2,812.	2,812.		0.
117	LIBRARY EXPANSION	071405	SL	39.00	16	7147613.			7147613.	916,360.		183,272.
125	ENVISIONWARE	081905	SL	3.00	16	40,862.			40,862.	40,862.		0.
126	MISC FURNITURE AND FIXTURES	120105	SL	7.00	16	172,469.			172,469.	112,924.		24,638.

2010 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
127	LIBRARY EXPANSION	120105	SL	39.00	16	3029906.			3029906.	356,079.		77,690.
128	BOOKS & PERIODICALS - FY 2006	120105	SL	5.00	16	197,446.			197,446.	180,991.		16,455.
129	BOOKS & PERIODICALS DESTROYED	060106		.000	16	-15,270.			-15,270.			0.
130	BOOKS & PERIODICALS - FY 2007	120106	SL	5.00	16	244,091.			244,091.	159,177.		48,818.
131	LIBRARY EXPANSIONS - 2007	120106	SL	39.00	16	107,153.			107,153.	9,847.		2,748.
132	MISC FURNITURE AND FIXTURES FY 07	120106	SL	7.00	16	13,658.			13,658.	6,991.		1,951.
133	EQUIPMENT FY 07	120106	SL	5.00	16	59,750.			59,750.	42,821.		11,950.
134	LIBRARY EXPANSION OLD BLDG - NEW HVAC	013107	SL	39.00	16	28,000.			28,000.	2,453.		718.
135	SYSTEM	061508	SL	10.00	16	111,500.			111,500.	23,229.		11,150.
136	GLASS CANOPY COURTYARD	043008	SL	10.00	16	68,300.			68,300.	14,798.		6,830.
137	IMPROVEMENTS - REFE DONOR SIGNAGE -	071907	SL	10.00	16	95,700.			95,700.	27,913.		9,570.
138	INTERIOR 2008 BOOKS &	031908	SL	10.00	16	14,320.			14,320.	3,222.		1,432.
139	PERIODICALS	120107	SL	5.00	16	280,630.			280,630.	144,992.		56,126.
140	CARRELS NEW FRONT RAMP &	063008	SL	5.00	16	5,000.			5,000.	2,000.		1,000.
141	RAILING	061008	SL	10.00	16	9,200.			9,200.	1,917.		920.
142	MISC 2008 FURNITURE BOOKS AND	120107	SL	5.00	16	63,744.			63,744.	33,940.		12,749.
144	PERIODICALS FY 2009	120108	SL	5.00	16	228,153.			228,153.	72,249.		45,631.
145	NEW FRONT DOORS	030109	SL	5.00	16	21,773.			21,773.	5,807.		4,355.

2010 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
146	NEW ROOF	090108	SL	10.00	16	151,600.			151,600.	27,793.		15,160.
147	EXTERIOR DONOR SIGN WINDOW SHADES FOR	070108	SL	10.00	16	19,890.			19,890.	3,978.		1,989.
148	ADMIN OFFICE MAIN LIBRARY	070108	SL	5.00	16	4,574.			4,574.	1,830.		915.
149	BUILDING SIGN NEW FRONT RAMP	073008	SL	10.00	16	3,680.			3,680.	705.		368.
150	(CONCRETE) SNOW MELT SYSTEM	080108	SL	10.00	16	3,460.			3,460.	663.		346.
151	FOR FRONT RAMP SIGNAL HILL	010109	SL	10.00	16	14,743.			14,743.	2,211.		1,474.
152	SCULPTURE - REFEREN CHILDREN'S SELF	063009	SL	10.00	16	14,303.			14,303.	1,430.		1,430.
153	CHECK MACHINE	063009	SL	5.00	16	16,499.			16,499.	3,300.		3,300.
154	SOLAR ROOF PANEL	050109	SL	10.00	16	7,548.			7,548.	881.		755.
155	2 SERVERS	053009	SL	5.00	16	13,213.			13,213.	2,863.		2,643.
156	CD SHELVING	093008	SL	5.00	16	4,187.			4,187.	1,465.		837.
157	CARRELS ARCHIVE BACKFILE -	070108	SL	5.00	16	1,756.			1,756.	702.		351.
161	LIT CRIT ON LINE DA BURST OF ENERGY	070108	SL	5.00	16	19,219.			19,219.	9,610.		3,844.
162	SCULPTURE - BRUBECK BOOKS AND	063009	SL	10.00	16	11,766.			11,766.	1,177.		1,177.
163	PERIODICALS FY 2010 CHILDREN'S SALT	120109	SL	5.00	16	197,135.			197,135.	19,037.		39,427.
164	WATER FISH TANK BRUBECK ROOM SOUND	100109	SL	10.00	16	7,931.			7,931.	595.		793.
165	EQUIPMENT UPGRADE REPLACE CARPET TILE	110109	SL	5.00	16	4,347.			4,347.	580.		869.
166	AND BASE IN CHILDR	020110	SL	5.00	16	5,093.			5,093.	424.		1,019.

2010 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
167	LIBRARY'S MAIN SITE SIGN	050110	SL	10.00	16	19,012.			19,012.	317.		1,901.
168	HP PROCURVE SWITCH/GBIT MODULE/	010110	SL	5.00	16	6,939.			6,939.	694.		1,388.
169	SIGNAGE INTERIOR	090109	SL	10.00	16	2,404.			2,404.	200.		240.
170	MICROSOFT SURFACE HARD DISK STORAGE	060110	SL	5.00	16	15,990.			15,990.	267.		3,198.
171	FOR BACKUP NEW FIREWALL	060110	SL	5.00	16	4,285.			4,285.	71.		857.
172	HARDWARE AND INSTAL NEW HORIZON AND HIP	060110	SL	5.00	16	4,156.			4,156.	69.		831.
173	SERVERS	060110	SL	5.00	16	9,094.			9,094.	152.		1,819.
174	BOOKS AND PERIODICALS - FY 2012	010110	SL	5.00	16	203,342.			203,342.			23,723.
	* 990 PAGE 10 TOTAL OTHER					13987102.		0.	13987102.	2940761.	0.	647,697.
175	MACHINERY & EQUIPMENT SUMP PUMP / GENERATOR PROJECT	040111	SL	15.00	16	34,091.			34,091.			568.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					34,091.		0.	34,091.	0.	0.	568.
	* 990 PAGE 10 TOTAL -					14021193.		0.	14021193.	2940761.	0.	648,265.
	BUILDINGS											
56	BUILDING	071776	SL	40.00	16	1062982.			1062982.	956,699.		26,575.
	* 990 PAGE 10 TOTAL BUILDINGS					1062982.		0.	1062982.	956,699.	0.	26,575.
	LAND											
57	LAND	070176	L			400,000.			400,000.			0.



# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2011

<b>Prepared for</b>	WILTON LIBRARY ASSOCIATION, INC 137 OLD RIDGEFIELD ROAD WILTON, CT 06897
<b>Prepared by</b>	O'CONNOR DAVIES MUNNS & DOBBINS, LLP ONE STAMFORD LANDING STAMFORD, CT 06902
<b>Amount due or refund</b>	NO AMOUNT IS DUE.
<b>Make check payable to</b>	NO AMOUNT IS DUE.
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	MAY 15, 2012
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

Form **990-T**

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

# 2010

Department of the Treasury  
Internal Revenue Service

For calendar year 2010 or other tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number (Employees' trust, see instructions.)
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b> WILTON LIBRARY ASSOCIATION, INC Number, street, and room or suite no. If a P.O. box, see instructions. 137 OLD RIDGEFIELD ROAD City or town, state, and ZIP code WILTON, CT 06897	06-0662194 <b>E</b> Unrelated business activity codes (See instructions.) 531190

**C** Book value of all assets at end of year: **12,013,087.**

**F** Group exemption number (See instructions.)

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. **RENTAL INCOME**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **SUSAN TAYLOR** Telephone number **203-762-3950**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	1,410.	589.	821.
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule.)			
13	<b>Total.</b> Combine lines 3 through 12	1,410.	589.	821.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	<b>Total deductions.</b> Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	821.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	821.
33	Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
36 Trusts Taxable at Trust Rates. See instructions for tax computation.
37 Proxy tax. See instructions
38 Alternative minimum tax
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
40b Other credits (see instructions)
40c General business credit. Attach Form 3800
40d Credit for prior year minimum tax (attach Form 8801 or 8827)
40e Total credits. Add lines 40a through 40d
41 Subtract line 40e from line 39
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
43 Total tax. Add lines 41 and 42
44a Payments: A 2009 overpayment credited to 2010
44b 2010 estimated tax payments
44c Tax deposited with Form 8868
44d Foreign organizations: Tax paid or withheld at source (see instructions)
44e Backup withholding (see instructions)
44f Credit for small employer health insurance premiums (Attach Form 8941)
44g Other credits and payments: Form 2439 Form 4136 Other
45 Total payments. Add lines 44a through 44g
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4a Additional section 263A costs
4b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: ROBIN STRONG
Date:
Title: DIRECTOR
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only
Print/Type preparer's name: ROBIN STRONG
Preparer's signature:
Date:
Check [ ] if self-employed PTIN: P00713382
Firm's name: O'CONNOR DAVIES MUNNS & DOBBINS, LLP
Firm's EIN: 13-3385019
ONE STAMFORD LANDING
Firm's address: STAMFORD, CT 06902
Phone no.: 203-323-2400

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions. Includes Total row with values 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 4 columns: 1. Description of debt-financed property, 2. Gross income, 3(a) Straight line depreciation, 3(b) Other deductions. Includes row for LAND with values 8,050 and 3,361.

Table with 5 columns: 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes row with values 70,021, 400,000, 17.51%, 1,410, and 589.

Totals ... 1,410. 589. Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments, 5. Part of column 4 included in gross income, 6. Deductions directly connected with income.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 included in gross income, 11. Deductions directly connected with income.

Totals ... 0. 0. Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Totals row shows 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Totals row shows 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals row shows 0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals row shows 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Total row shows 0.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 1

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE		3,361.	
- SUBTOTAL -	1		3,361.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			3,361.

FORM 990-T AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE AQUISITION DEBT		70,021.	
- SUBTOTAL -	1		70,021.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			70,021.



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

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization <b>WILTON LIBRARY ASSOCIATION, INC</b>	Employer identification number <b>06-0662194</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>137 OLD RIDGEFIELD ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WILTON, CT 06897</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SUSAN TAYLOR**

- The books are in the care of ▶ 137 OLD RIDGEFIELD ROAD - WILTON, CT 06897  
 Telephone No. ▶ 203-762-3950 FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2010, and ending JUN 30, 2011.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization <b>WILTON LIBRARY ASSOCIATION, INC</b>	Employer identification number <b>06-0662194</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>137 OLD RIDGEFIELD ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WILTON, CT 06897</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**SUSAN TAYLOR**

• The books are in the care of  **137 OLD RIDGEFIELD ROAD - WILTON, CT 06897**  
 Telephone No.  **203-762-3950** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **MAY 15, 2012**.

**5** For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

**6** If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

**7** State in detail why you need the extension  
**ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **DIRECTOR** Date

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WILTON LIBRARY ASSOCIATION, INC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OTHER											
20	SPEAKER SYSTEM	12/31/97	SL	5.00	16	1,500.			1,500.	1,500.		0.
22	VISION ENHANCER	12/31/99	SL	5.00	16	3,407.			3,407.	3,407.		0.
35	PRINT MGT SYSTEM	01/16/04	SL	5.00	16	8,674.			8,674.	8,674.		0.
36	(D) PROJECTOR	05/20/04	SL	5.00	16	1,700.			1,700.	1,700.		0.
47	SHELVING	12/31/99	SL	5.00	16	8,600.			8,600.	8,600.		0.
	CABINETS - HISTORY											
50	ROOM	12/31/99	SL	5.00	16	2,454.			2,454.	2,454.		0.
	CHAIRS/TABLES -											
51	STAFF ROOM	12/31/99	SL	5.00	16	2,250.			2,250.	2,250.		0.
52	SHELVING	12/31/00	SL	5.00	16	11,877.			11,877.	11,877.		0.
53	LOCKERS	12/31/00	SL	5.00	16	563.			563.	563.		0.
	PARTITIONS IN											
71	REFERENCE OFFICE	12/01/92	SL	22.00	16	12,076.			12,076.	9,599.		549.
72	OIL TANK	12/01/91	SL	20.00	16	6,510.			6,510.	5,046.		326.
	BATHROOM - STAFF											
73	REFERENCE	03/01/96	SL	18.00	16	15,327.			15,327.	12,206.		852.
	LOBBY OFFICE -											
76	BUSINESS CENTER	12/01/95	SL	10.00	16	1,270.			1,270.	1,270.		0.
79	(D) AIR CONDITIONING	12/31/99	SL	10.00	16	6,570.			6,570.	6,570.		0.
	OUTSIDE LIGHTS -											
80	ABOVE OLD STAFF ENT	12/31/99	SL	10.00	16	2,862.			2,862.	2,862.		0.
	TRACK LIGHTING -											
81	ADULT INTERNET AREA	12/31/00	SL	5.00	16	1,620.			1,620.	1,620.		0.
83	LIBRARY EXPANSION	07/14/05	SL	39.00	16	675,276.			675,276.	86,575.		17,313.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WILTON LIBRARY ASSOCIATION, INC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
84	(D) BOOKS & PERIODICALS - FY 2012	12/31/04	SL	5.00	16	184,935.			184,935.	184,935.		0.
85	POWEREDGE RACK IN SERVER ROOM	12/29/04	SL	5.00	16	2,932.			2,932.	2,932.		0.
86	IN MAGIC SOFTWARE (D) 3-SERVERS WITH	01/19/05	SL	5.00	16	2,025.			2,025.	2,025.		0.
87	SWITCHES & CABLES	06/28/05	SL	5.00	16	25,802.			25,802.	25,802.		0.
88	(D) 4- COMPUTERS	06/28/05	SL	5.00	16	4,464.			4,464.	4,464.		0.
89	(D) 17 - COMPUTERS	06/28/05	SL	5.00	16	14,701.			14,701.	14,701.		0.
90	(D) LAPTOP	06/28/05	SL	5.00	16	1,823.			1,823.	1,823.		0.
91	(D) 43 - COMPUTERS NETWORK - HP PRO	06/30/05	SL	5.00	16	46,791.			46,791.	46,791.		0.
92	CURVE SWITCH	06/30/05	SL	5.00	16	9,501.			9,501.	9,501.		0.
93	ENVISIONWARE	06/30/05	SL	3.00	16	18,100.			18,100.	18,100.		0.
94	(D) 5 - SCANNERS	06/30/05	SL	5.00	16	2,873.			2,873.	2,873.		0.
95	(D) DATA BASE SERVER	01/24/05	SL	5.00	16	19,015.			19,015.	19,015.		0.
96	HORIZON SOFTWARE	02/28/05	SL	3.00	16	19,805.			19,805.	19,805.		0.
97	USED PIANO - BRUBECK ROOM	10/04/04	SL	5.00	16	19,995.			19,995.	19,995.		0.
98	34 CHAIRS, 1 TABLE, 2 BENCHES UPHOLSTE	05/10/05	SL	5.00	16	9,912.			9,912.	9,912.		0.
99	24 STACKABLE CHAIRS	03/03/05	SL	5.00	16	2,964.			2,964.	2,964.		0.
100	40 STACKING CHAIRS	06/08/05	SL	5.00	16	2,720.			2,720.	2,720.		0.
101	END PANELS (DEPOSIT)	06/30/05	SL	5.00	16	7,239.			7,239.	7,239.		0.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WILTON LIBRARY ASSOCIATION, INC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
102	MING LOW VASE - PLANTER	033105	SL	5.00	16	390.			390.	390.		0.
103	4 FOLDING TABLES - PLASTIC 8 FOOT	061605	SL	5.00	16	634.			634.	634.		0.
104	5 CD DISPLAY UNITS - TEENS	060905	SL	5.00	16	3,447.			3,447.	3,447.		0.
105	TABLES, SCREENS, LIGHTS, CHAIRS (DEP	063005	SL	5.00	16	10,904.			10,904.	10,904.		0.
106	67 CHAIRS (DEPOSIT) TABLES, CARTS,	063005	SL	5.00	16	4,181.			4,181.	4,181.		0.
107	SEATS (DEPOSIT) OFFICE MODULAR	063005	SL	5.00	16	33,611.			33,611.	33,611.		0.
108	UNITS (DEPOSIT) KNOLL TEXTILES -	063005	SL	5.00	16	15,859.			15,859.	15,859.		0.
109	FABRIC FOR VITRA CH	063005	SL	5.00	16	2,594.			2,594.	2,594.		0.
110	(D)USED FURNITURE 258 ARMLESS	072204	SL	5.00	16	1,140.			1,140.	1,140.		0.
111	STACKING CHAIRS - W	063005	SL	5.00	16	52,187.			52,187.	52,187.		0.
112	8 VISACOM POLISHED CHROME - LOBBY CHAI	063005	SL	5.00	16	5,650.			5,650.	5,650.		0.
113	SUNFLOWER CLOCK - BRUBECK ROOM	063005	SL	5.00	16	425.			425.	425.		0.
114	CHAIR (DEPOSIT) 7 SHELVES, 24 STEP	063005	SL	5.00	16	1,782.			1,782.	1,782.		0.
115	STOOLS	062805	SL	5.00	16	3,189.			3,189.	3,189.		0.
116	(D)3 PRINTERS	063005	SL	5.00	16	2,812.			2,812.	2,812.		0.
117	LIBRARY EXPANSION	071405	SL	39.00	16	7147613.			7147613.	916,360.		183,272.
125	ENVISIONWARE	081905	SL	3.00	16	40,862.			40,862.	40,862.		0.
126	MISC FURNITURE AND FIXTURES	120105	SL	7.00	16	172,469.			172,469.	112,924.		24,638.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WILTON LIBRARY ASSOCIATION, INC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
127	LIBRARY EXPANSION	120105	SL	39.00	16	3029906.			3029906.	356,079.		77,690.
128	BOOKS & PERIODICALS - FY 2006	120105	SL	5.00	16	197,446.			197,446.	180,991.		16,455.
129	BOOKS & PERIODICALS DESTROYED	060106		.000	16	-15,270.			-15,270.			0.
130	BOOKS & PERIODICALS - FY 2007	120106	SL	5.00	16	244,091.			244,091.	159,177.		48,818.
131	LIBRARY EXPANSIONS - 2007	120106	SL	39.00	16	107,153.			107,153.	9,847.		2,748.
132	MISC FURNITURE AND FIXTURES FY 07	120106	SL	7.00	16	13,658.			13,658.	6,991.		1,951.
133	EQUIPMENT FY 07	120106	SL	5.00	16	59,750.			59,750.	42,821.		11,950.
134	LIBRARY EXPANSION OLD BLDG - NEW HVAC	013107	SL	39.00	16	28,000.			28,000.	2,453.		718.
135	SYSTEM	061508	SL	10.00	16	111,500.			111,500.	23,229.		11,150.
136	GLASS CANOPY COURTYARD	043008	SL	10.00	16	68,300.			68,300.	14,798.		6,830.
137	IMPROVEMENTS - REFE DONOR SIGNAGE -	071907	SL	10.00	16	95,700.			95,700.	27,913.		9,570.
138	INTERIOR 2008 BOOKS &	031908	SL	10.00	16	14,320.			14,320.	3,222.		1,432.
139	PERIODICALS	120107	SL	5.00	16	280,630.			280,630.	144,992.		56,126.
140	CARRELS NEW FRONT RAMP &	063008	SL	5.00	16	5,000.			5,000.	2,000.		1,000.
141	RAILING	061008	SL	10.00	16	9,200.			9,200.	1,917.		920.
142	MISC 2008 FURNITURE BOOKS AND	120107	SL	5.00	16	63,744.			63,744.	33,940.		12,749.
144	PERIODICALS FY 2009	120108	SL	5.00	16	228,153.			228,153.	72,249.		45,631.
145	NEW FRONT DOORS	030109	SL	5.00	16	21,773.			21,773.	5,807.		4,355.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WILTON LIBRARY ASSOCIATION, INC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
146	NEW ROOF	090108	SL	10.00	16	151,600.			151,600.	27,793.		15,160.
147	EXTERIOR DONOR SIGN WINDOW SHADES FOR	070108	SL	10.00	16	19,890.			19,890.	3,978.		1,989.
148	ADMIN OFFICE MAIN LIBRARY	070108	SL	5.00	16	4,574.			4,574.	1,830.		915.
149	BUILDING SIGN NEW FRONT RAMP	073008	SL	10.00	16	3,680.			3,680.	705.		368.
150	(CONCRETE) SNOW MELT SYSTEM	080108	SL	10.00	16	3,460.			3,460.	663.		346.
151	FOR FRONT RAMP SIGNAL HILL	010109	SL	10.00	16	14,743.			14,743.	2,211.		1,474.
152	SCULPTURE - REFEREN CHILDREN'S SELF	063009	SL	10.00	16	14,303.			14,303.	1,430.		1,430.
153	CHECK MACHINE	063009	SL	5.00	16	16,499.			16,499.	3,300.		3,300.
154	SOLAR ROOF PANEL	050109	SL	10.00	16	7,548.			7,548.	881.		755.
155	2 SERVERS	053009	SL	5.00	16	13,213.			13,213.	2,863.		2,643.
156	CD SHELVING	093008	SL	5.00	16	4,187.			4,187.	1,465.		837.
157	CARRELS ARCHIVE BACKFILE -	070108	SL	5.00	16	1,756.			1,756.	702.		351.
161	LIT CRIT ON LINE DA BURST OF ENERGY	070108	SL	5.00	16	19,219.			19,219.	9,610.		3,844.
162	SCULPTURE - BRUBECK BOOKS AND	063009	SL	10.00	16	11,766.			11,766.	1,177.		1,177.
163	PERIODICALS FY 2010 CHILDREN'S SALT	120109	SL	5.00	16	197,135.			197,135.	19,037.		39,427.
164	WATER FISH TANK BRUBECK ROOM SOUND	100109	SL	10.00	16	7,931.			7,931.	595.		793.
165	EQUIPMENT UPGRADE REPLACE CARPET TILE	110109	SL	5.00	16	4,347.			4,347.	580.		869.
166	AND BASE IN CHILDR	020110	SL	5.00	16	5,093.			5,093.	424.		1,019.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WILTON LIBRARY ASSOCIATION, INC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
167	LIBRARY'S MAIN SITE SIGN	050110	SL	10.00	16	19,012.			19,012.	317.		1,901.
168	HP PROCURVE SWITCH/GBIT MODULE/	010110	SL	5.00	16	6,939.			6,939.	694.		1,388.
169	SIGNAGE INTERIOR	090109	SL	10.00	16	2,404.			2,404.	200.		240.
170	MICROSOFT SURFACE HARD DISK STORAGE	060110	SL	5.00	16	15,990.			15,990.	267.		3,198.
171	FOR BACKUP NEW FIREWALL	060110	SL	5.00	16	4,285.			4,285.	71.		857.
172	HARDWARE AND INSTAL NEW HORIZON AND HIP	060110	SL	5.00	16	4,156.			4,156.	69.		831.
173	SERVERS	060110	SL	5.00	16	9,094.			9,094.	152.		1,819.
174	BOOKS AND PERIODICALS - FY 2012	0110	SL	5.00	16	203,342.			203,342.			23,723.
	* 990 PAGE 10 TOTAL OTHER					13987102.		0.	13987102.	2940761.	0.	647,697.
175	MACHINERY & EQUIPMENT SUMP PUMP / GENERATOR PROJECT	040111	SL	15.00	16	34,091.			34,091.			568.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					34,091.		0.	34,091.	0.	0.	568.
	* 990 PAGE 10 TOTAL -					14021193.		0.	14021193.	2940761.	0.	648,265.
	BUILDINGS											
56	BUILDING	071776	SL	40.00	16	1062982.			1062982.	956,699.		26,575.
	* 990 PAGE 10 TOTAL BUILDINGS					1062982.		0.	1062982.	956,699.	0.	26,575.
	LAND											
57	LAND	070176	L			400,000.			400,000.			0.



**Form CT-990T EXT**  
**Application for Extension of Time to File**  
**Unrelated Business Income Tax Return**

**2010**

See instructions.

**Enter Income Year Beginning** JUL 1, 2010, and **Ending** JUN 30 2011

Taxpayer  (Please type or print)	Organization name <b>WILTON LIBRARY ASSOCIATION, INC</b>	CT Tax Registration Number <b>6610794-000</b>
	Address number and street PO Box <b>137 OLD RIDGEFIELD ROAD</b>	DRS use only <b>- - 20</b>
	City or town State ZIP code <b>WILTON, CT 06897</b>	Federal Employer ID Number (FEIN) <b>06-0662194</b>

**Request for six-month extension of time to file Form CT-990T only**

Enter above the beginning and ending dates of the organization's income year, Connecticut Tax Registration Number, and FEIN.

**Check type of organization:**  Corporation  Domestic trust  Foreign trust  Other

An application for an extension to file **Form CT-990T**, with payment of tax tentatively believed to be due, must be submitted whether or not an application for federal extension has been approved.

I request a **six-month extension** of time to file **Form CT-990T**, *Connecticut Unrelated Business Income Tax Return*, for calendar year 2010, or until 06/01/12 for fiscal year ending 06/30/11.

A federal extension will be requested on federal Form 8868, Application for Extension of Time to File an Exempt Organization Return, for calendar year 2010, or fiscal year beginning JULY 1, 2010, and ending JUNE 30, 2011.  Yes  No

If **No**, the reason for the Connecticut extension is \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Notification will be sent only if extension request is denied**

**Tentative Return**

<b>Computation</b>	1. Tentative amount of tax due for this income year, including surtax if applicable (See instr) ...	1.		00
	2. Reserved for future use .....	2.		
	3. Total amount of tax due for this income year: Enter amount from Line 1 .....	3.		00
	4a. Tax credits .....	4a	00	
	4b. Payments of estimated tax .....	4b	00	
	4c. Overpayment from prior year .....	4c	00	
4. Total tax credit and payments: Add Lines 4a, 4b, and 4c .....	4.		00	
5. <b>Balance due with this return:</b> Subtract Line 4 from Line 3 .....	5.		000	

Make check payable to **Commissioner of Revenue Services**. Write the organization's Connecticut Tax Registration Number and "2010 Form CT-990T EXT" on the check and attach it to the return.

**Mail this return to:** Department of Revenue Services  
 State of Connecticut  
 PO Box 5014  
 Hartford CT 06102-5014

www.ct.gov/DRS

Visit the DRS  
**Taxpayer Service TSC**  
**Center (TSC)** Taxpayer Service Center  
 at [www.ct.gov/TSC](http://www.ct.gov/TSC) to pay  
 this return electronically.

**Declaration:** I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature of officer or fiduciary  <b>DIRECTOR</b>	Title	Date	Telephone number <b>203-762-3950</b>
Paid preparer's signature		Date	Preparer's SSN or PTIN <b>P00713382</b>
Firm's name and address <b>O'CONNOR DAVIES MUNNS &amp; DOBBINS, LLP</b> <b>ONE STAMFORD LANDING</b> <b>STAMFORD, CT</b>		<b>06902</b>	FEIN <b>13-3385019</b>  Telephone number <b>203-323-2400</b>

1019

# TAX RETURN FILING INSTRUCTIONS

CONNECTICUT FORM CT-990T

FOR THE YEAR ENDING

..... JUNE 30, 2011 .....

<b>Prepared for</b>	WILTON LIBRARY ASSOCIATION, INC 137 OLD RIDGEFIELD ROAD WILTON, CT 06897
<b>Prepared by</b>	O'CONNOR DAVIES MUNNS & DOBBINS, LLP ONE STAMFORD LANDING STAMFORD, CT 06902
<b>Amount due or refund</b>	NO PAYMENT REQUIRED
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF REVENUE SERVICES STATE OF CONNECTICUT PO BOX 5014 HARTFORD, CT 06102-5014
<b>Return must be mailed on or before</b>	MAY 15, 2012
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

**Form CT-990T**  
**Connecticut Unrelated Business**  
**Income Tax Return**

**2010**

(Rev. 12/10)

Enter Income Year Beginning **JULY 1**, 2010, and Ending **JUNE 30**, 2011

<b>DRS Use Only</b>  Audited by <input type="checkbox"/> F <input type="checkbox"/> O  Init.	Organization name <i>(please type or print)</i> <b>WILTON LIBRARY ASSOCIATION, INC</b>	CT Tax Registration Number <b>6610794-000</b>
	Address number and street PO Box <b>137 OLD RIDGEFIELD ROAD</b>	DRS use only - - <b>20</b>
	City or town State ZIP code <b>WILTON, CT 06897</b>	Federal Employer ID Number (FEIN) <b>06-0662194</b>

**Check and Complete All Applicable Boxes** If the organization is annualizing its income check here

**Change of:**  Mailing address  Closing month (Attach explanation.) **Return status:**  Amended return  Initial return  Final return

**If final return:**  Dissolved  Withdrawn  Merged/reorganized: Enter survivor's CT Tax Reg. Number. \_\_\_\_\_

**Type of organization:**  Corporation  Domestic trust  Foreign trust  Other: Explain \_\_\_\_\_

1. Date unrelated trade or business began in Connecticut: \_\_\_\_\_

2. Nature of unrelated trade or business income activity: RENTAL INCOME

3. **Corporation only:** Enter state of incorporation: \_\_\_\_\_ Date of organization: \_\_\_\_\_

Date qualified in Connecticut if not incorporated in Connecticut: \_\_\_\_\_

- Attach a Complete Copy of Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

Computation of Income		1	0	00
1. Federal unrelated business taxable income from 2010 federal Form 990-T, Part II, Line 34	▶			
2. Federal net operating loss deduction from 2010 federal Form 990-T, Part II, Line 31	▶			00
3. Federal deduction for Connecticut tax on unrelated business taxable income	▶			00
4. <b>Total:</b> Add Lines 1, 2, and 3	▶			00
5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income	▶			00
6. Unrelated business taxable income: Subtract Line 5 from Line 4	▶			00

Computation of Tax		1		00
1. Unrelated business taxable income from Line 6 above. <b>If 100% Connecticut, enter also on Line 3</b>	▶			00
2. Apportionment fraction from <i>Schedule A</i> , Line 5, page 2. Carry to six places	▶			
3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2	▶			00
4. Operating loss carryover from <i>Schedule B</i> , Line 11 on page 2	▶			00
5. Income subject to tax: Subtract Line 4 from Line 3	▶			00
6. <b>Tax:</b> Multiply Line 5 by 7.5% (.075)	▶			00

Computation of Amount Payable		1		00
1. Tax: Include surtax if applicable. See instructions	▶			00
2. <i>Reserved for future use</i>	▶			
3. Total Tax: Enter the amount from Line 1	▶			00
4. Tax credits from <b>Form CT-1120K</b> , Part III, Line 9. <b>Do not exceed amount on Line 1</b>	▶			00
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."	▶			00
6a. Paid with application for extension from <b>Form CT-990T EXT</b>	▶	6a		00
6b. Paid with estimates from <b>Forms CT-990T ESA, ESB, ESC, &amp; ESD</b>	▶	6b		00
6c. Overpayment from prior year	▶	6c		00
6. <b>Tax Payments:</b> Enter the total of Lines 6a, 6b, and 6c	▶	6		00
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5	▶	7		00
8. Add Penalty ▶ (8a) _____ Interest ▶ (8b) _____ <b>CT-1120I</b> Interest ▶ (8c) _____	▶	8		00
9. Amount to be credited to 2011 estimated tax ▶ (9a) _____ Refunded ▶ (9b) _____	▶	9		00
10. <b>Balance due with this return:</b> Add Line 7 and Line 8	▶	10		00

Pay by mail: Make check payable to <b>Commissioner of Revenue Services</b> . <b>Mail this return to:</b> Department of Revenue Services, State of Connecticut, PO Box 5014, Hartford CT 06102-5014	Visit the DRS website at <a href="http://www.ct.gov/TSC">www.ct.gov/TSC</a> <b>to pay this return electronically.</b>
--	--

www.ct.gov/DRS  
**TSC**  
 Taxpayer Service Center

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

<b>Sign Here</b>  Keep a copy of this return for your records.  1019 041901 12-04-10	Signature of officer or fiduciary  Title <b>DIRECTOR</b>	Date  Telephone number <b>203-762-3950</b>	May DRS contact the preparer shown below about this return? See instructions. <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
	Paid preparer's signature  Firm's name and address <b>O'CONNOR DAVIES MUNNS</b>	Date  FEIN <b>13-3385019</b>	Preparer's SSN or PTIN <b>P00713382</b>	Telephone number <b>203-323-2400</b>
	<b>ONE STAMFORD LANDING</b> <b>STAMFORD, CT 06902</b>			

**Schedule A - Unrelated Business Income Apportionment:** See instructions.

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

Factor	Item	Column A Connecticut		Column B Everywhere		Column C Divide Column A by Column B. Carry to six places
Property  (Average value)	1. (a) Inventories		00		00	
	(b) Tangible property		00		00	
	(c) Real property		00		00	
	(d) Capitalized rent		00		00	
	<b>1. Total</b>		00		00	
Receipts	2. (a) Sales of tangibles		00		00	
	(b) Services		00		00	
	(c) Rentals		00		00	
	(d) Other		00		00	
	<b>2. Total</b>		00		00	
Wages, salaries, and other compensation	<b>3. Total</b>		00		00	
4. <b>Total:</b> Add Lines 1, 2, and 3 in Column C.						
5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on <i>Schedule C</i> , Line 4; and also on front page, <i>Computation of Tax</i> , Line 2.						

**Schedule B - Connecticut Apportioned Operating Loss Carryover**

1. 2000 Connecticut net operating loss available for use in 2010	1.		00
2. 2001 Connecticut net operating loss available for use in 2010	2.		00
3. 2002 Connecticut net operating loss available for use in 2010	3.		00
4. 2003 Connecticut net operating loss available for use in 2010	4.		00
5. 2004 Connecticut net operating loss available for use in 2010	5.		00
6. 2005 Connecticut net operating loss available for use in 2010	6.		00
7. 2006 Connecticut net operating loss available for use in 2010	7.		00
8. 2007 Connecticut net operating loss available for use in 2010	8.		00
9. 2008 Connecticut net operating loss available for use in 2010	9.		00
10. 2009 Connecticut net operating loss available for use in 2010	10.		00
11. <b>Total:</b> Add Lines 1 through 10. Enter here and on <i>Computation of Tax</i> , Line 4.	11.		00

**Schedule C - Computation of Net Operating Loss Carryforward**

1. Enter amount from <i>Computation of Income</i> , Line 6, if less than zero	1.		00
2. Add back specific deduction from 2010 federal Form 990-T, Part II, Line 33	2.		00
3. Subtotal: Add Line 1 and Line 2	3.		00
4. Apportionment fraction from <i>Schedule A</i> , Line 5	4.		
5. 2010 Connecticut net operating loss available for carryforward: Multiply Line 3 by Line 4	5.		00

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12-04-10