OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the pand of the year may use this form.

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

Clar year, or tax year beginning SEP 1, 2011 and ending AUG 31, 20

		le 2011 Calendar year, or tax year beginning SEP 1, 201	т	and ending AU	_			
<u>ر</u>	Check if	C Name of organization			In Fwb	ioyer	identification number	
Ļ	Addr	ess change FRIENDS OF THE LUCY ROBBINS			_			
Ļ	Nam	e change WELLES LIBRARY, INC.	,				511658	
Ļ	Initia	Number and street (or P.O. box, if mail is not delivered to street addre	ss)	Room/suite			number	
Ļ	Term	inated 95 CEDAR ST			860-665-8700			
Ļ	Ame	City or town, state or country, and ZIP + 4			F Gro	up Exe	emption	
L		ation pending NEWINGTON, CT 06111-2645			•	nber 🕨		
		nting Method: CashX_ Accrual Other (specify) ▶			H Che	ck 🕨	$ullet$ $oxed{X}$ if the organization is not	
		te: ► WWW.FRIENDSLRWLIBRARY.ORG		4 .		o attach Schedule B		
		tempt status (check only one) $- X 501(c)(3) 501(c)$ (insert		947(a)(1) or 527	<u> </u>), 990-EZ, or 990-PF).	
		if the organization is not a section 509(a)(3) supporting organization of						
	\$50,00	0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post	tcard) may be	required (see instruction	ons). Bu	ıt if the	e organization chooses to file	
		n, be sure to file a complete return.						
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200						
		, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	· ·······		<u> </u>	\$	67176.	
P	art I							
_		Check if the organization used Schedule O to respond to any question in this f	Part I				<u>X</u>	
	1					1	21523.	
	2	Program service revenue including government fees and contracts				2		
	3	Membership dues and assessments				3	006	
	4	Investment income		CHEDULE O		4	906.	
	5a	Gross amount from sale of assets other than inventory						
	b	Less: cost or other basis and sales expenses						
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lin	e 5a)			5c		
	6	Gaming and fundraising events						
ne	a	Gross income from gaming (attach Schedule G if greater than	1	ı				
ē		\$15,000)						
Revenue	b	Gross income from fundraising events (not including \$		ntributions				
		from fundraising events reported on line 1) (attach Schedule G if the sum of suc	1					
		gross income and contributions exceeds \$15,000)		447				
	C	Less: direct expenses from gaming and fundraising events		123			22254	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b a		ne 6c)		6d	32351.	
	7a	Gross sales of inventory, less returns and allowances						
	b	Less: cost of goods sold						
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c		
	8	Other revenue (describe in Schedule 0)				8	F 4700	
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			. ▶	9	54780.	
	10	, , , , , , , , , , , , , , , , , , , ,		CHEDULE O		10	50471.	
	11	Benefits paid to or for members				11		
Expenses	12	Salaries, other compensation, and employee benefits				12		
en	13	Professional fees and other payments to independent contractors		CHEDIII E O		13	714.	
Ä	14	Occupancy, rent, utilities, and maintenance	<u> </u>	Сперопе О		14	2461.	
	15	Printing, publications, postage, and shipping	C D D C	CUEDIII E O		15	4712.	
	16	Other expenses (describe in Schedule 0)				16	58358.	
_	17	Total expenses. Add lines 10 through 16			. 🚩	17	-3578.	
şţ	18					18	-35/6.	
SSE	19	Net assets or fund balances at beginning of year (from line 27, column (A))				10	173732.	
Net Assets	00	(must agree with end-of-year figure reported on prior year's return)				19	1/3/32.	
ž	20	Other changes in net assets or fund balances (explain in Schedule 0)			_ 1	20	170154.	
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20			. 🚩	21	1/U134.	

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

Form **990-EZ** (2011)

Part II Balance Sheets. (see the instructions for Part II.)					
Check if the organization used Schedule O to res	pond to any questi	on in this Part II			X
		(A) Beginning of year		(B) E	nd of year
22 Cash, savings, and investments		166050.	22		167646.
23 Land and buildings			23		
24 Other assets (describe in Schedule 0) SEE SCHEDULE C)	8403.			6729.
25 Total assets		174453.	25		174375.
26 Total liabilities (describe in Schedule 0) SEE SCHEDULE C)	721.	26		4221.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		173732.	27		170154.
Part III Statement of Program Service Accomplishme	nts (see the instruc	tions for Part III.)			cpenses
Check if the organization used Schedule O to res		on in this Part III			for section and 501(c)(4)
What is the organization's primary exempt purpose? TO SUPPORT THE	LIBRARY				ons and section
Describe the organization's program service accomplishments for each of its three largest program	services, as measured by exper	nses. In a clear and concise) trusts; optional
manner, describe the services provided, the number of persons benefited, and other relevant information in the control of the services provided in the number of persons benefited, and other relevant information in the control of the services provided in the number of persons benefited, and other relevant information in the control of the services provided in the number of persons benefited, and other relevant information in the control of the services provided in the number of persons benefited in the control of the services provided in the serv	<u> </u>			for others.	.)
28 CHILDREN & YOUNG ADULT & ADULT PROC	RAMING				
(Grants \$) If this amount includes foreign			2	28a	18098.
29 PURCHASE OF BOOKS, VIDEOS, DVD'S FO	OR LIBRARY CO	OLLECTION;			
MUSEUM & ATTRACTION PASSES					
(Grants \$) If this amount includes foreign	grants, check here	>		29a	11733.
130 LIBRARY NEWSLETTER - DESIGN, PRINT	NG & POSTAGE	3			
(Grants \$) If this amount includes foreign	grants, check here	>		30a	8286.
Other program services (describe in Schedule O) SEE SCHI	EDULE O				
(Grants \$) If this amount includes foreign				31a	12353.
			▶	32	50470.
Part IV List of Officers, Directors, Trustees, and Key I	mployees. List each on	e even if not compensated. (se	ee the ir	nstructions f	or Part IV.)
Check if the organization used Schedule O to res	pond to any questi	on in this Part IV			X
	<u>' </u>				
	(b) Title and average hou	rs (c) Reportable		Ith benefits,	(e) Estimated
(a) Name and address	per week devoted to	compensation (Forms	contrib employ	outions to ree benefit	amount of other
(a) Name and address		compensation (Forms	contrib employ plans, ar	outions to	` '
(a) Name and address NATALIE HARBESON	per week devoted to	compensation (Forms W-2/1099-MISC)	contrib employ plans, ar	outions to ree benefit nd deferred	amount of other
NATALIE HARBESON	per week devoted to position	compensation (Forms W-2/1099-MISC)	contrib employ plans, ar	outions to ree benefit nd deferred	amount of other compensation
NATALIE HARBESON	per week devoted to position PRESIDENT	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contrib employ plans, ar	outions to yee benefit nd deferred eensation	amount of other
NATALIE HARBESON 319 LLOYD ST, NEWINGTON, CT 06111 MARY JANE MICHAELS	per week devoted to position PRESIDENT 2.00 DIRECTOR	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contrib employ plans, ar	outions to vee benefit nd deferred tensation	amount of other compensation
NATALIE HARBESON 319 LLOYD ST, NEWINGTON, CT 06111 MARY JANE MICHAELS 3 E ROBINSON RD, ROCKY HILL, CT 06067	per week devoted to position PRESIDENT 2.00 DIRECTOR	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contrib employ plans, ar	outions to yee benefit nd deferred eensation	amount of other compensation
NATALIE HARBESON 319 LLOYD ST, NEWINGTON, CT 06111 MARY JANE MICHAELS 3 E ROBINSON RD, ROCKY HILL, CT 06067 ANITA WILSON, 278 CONNECTICUT AVE,	per week devoted to position PRESIDENT 2.00 DIRECTOR 1.00 DIRECTOR	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contrib employ plans, ar	outions to vee benefit nd deferred tensation	amount of other compensation 0 •
NATALIE HARBESON 319 LLOYD ST, NEWINGTON, CT 06111 MARY JANE MICHAELS 3 E ROBINSON RD, ROCKY HILL, CT 06067	per week devoted to position PRESIDENT 2.00 DIRECTOR 1.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contrib employ plans, ar	outions to ree benefit nd deferred ensation 0 •	amount of other compensation
NATALIE HARBESON 319 LLOYD ST, NEWINGTON, CT 06111 MARY JANE MICHAELS 3 E ROBINSON RD, ROCKY HILL, CT 06067 ANITA WILSON, 278 CONNECTICUT AVE, NEWINGTON, CT 06111 BRIAN WOOD	per week devoted to position PRESIDENT 2.00 DIRECTOR 1.00 DIRECTOR 1.00 VICE PRESIDE	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contrib employ plans, ar	outions to ree benefit nd deferred ensation 0 •	amount of other compensation 0. 0.
NATALIE HARBESON 319 LLOYD ST, NEWINGTON, CT 06111 MARY JANE MICHAELS 3 E ROBINSON RD, ROCKY HILL, CT 06067 ANITA WILSON, 278 CONNECTICUT AVE, NEWINGTON, CT 06111	per week devoted to position PRESIDENT 2.00 DIRECTOR 1.00 DIRECTOR 1.00 VICE PRESIDE 2.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	contrib employ plans, ar	outions to ree benefit nd deferred ensation 0 • 0 •	amount of other compensation 0 •
NATALIE HARBESON 319 LLOYD ST, NEWINGTON, CT 06111 MARY JANE MICHAELS 3 E ROBINSON RD, ROCKY HILL, CT 06067 ANITA WILSON, 278 CONNECTICUT AVE, NEWINGTON, CT 06111 BRIAN WOOD 51 STANDARD ST, NEWINGTON, CT 06111 MARY WOOD	per week devoted to position PRESIDENT 2.00 DIRECTOR 1.00 DIRECTOR 1.00 VICE PRESIDE 2.00 TREASURER	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. ENT	contrib employ plans, ar	O . O .	amount of other compensation 0. 0. 0.
NATALIE HARBESON 319 LLOYD ST, NEWINGTON, CT 06111 MARY JANE MICHAELS 3 E ROBINSON RD, ROCKY HILL, CT 06067 ANITA WILSON, 278 CONNECTICUT AVE, NEWINGTON, CT 06111 BRIAN WOOD 51 STANDARD ST, NEWINGTON, CT 06111 MARY WOOD 51 STANDARD ST, NEWINGTON, CT 06111	per week devoted to position PRESIDENT 2.00 DIRECTOR 1.00 DIRECTOR 1.00 VICE PRESIDE 2.00 TREASURER 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	contrib employ plans, ar	outions to ree benefit nd deferred ensation 0 • 0 •	amount of other compensation 0. 0.
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NATALIE HARBESON 319 LLOYD ST, NEWINGTON, CT 06111 MARY JANE MICHAELS 3 E ROBINSON RD, ROCKY HILL, CT 06067 ANITA WILSON, 278 CONNECTICUT AVE, NEWINGTON, CT 06111 BRIAN WOOD 51 STANDARD ST, NEWINGTON, CT 06111 MARY WOOD 51 STANDARD ST, NEWINGTON, CT 06111 MARCIA MONTGOMERY 131 KNOLLWOOD RD, NEWINGTON, CT 06111 KAYE BURKE 17 SUNSET RD, NEWINGTON, CT 06111 PHILIP DESJARDINS 37 ELLSWORTH, NEWINGTON, CT 06111 DORI WORMER 50 CHURCH ST, NEWINGTON, CT 06111 CHRISTY MCDONALD 71 BROADVIEW ST, NEWINGTON, CT 06111 REGINA O'CONNELL, 58 CHURCHILL DRIVE, NEWINGTON, CT 06111 ANN MARINO	per week devoted to position PRESIDENT 2.00 DIRECTOR 1.00 DIRECTOR 1.00 VICE PRESIDE 2.00 TREASURER 5.00 SECRETARY 2.00 DIRECTOR 1.00 DIRECTOR	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. ENT 0. 0. 0. 0. 0. 0. 0. 0.	contrib employ plans, ar	O. O. O. O. O. O. O. O. O.	amount of other compensation O. O. O. O. O. O. O. O. O. O
NATALIE HARBESON 319 LLOYD ST, NEWINGTON, CT 06111 MARY JANE MICHAELS 3 E ROBINSON RD, ROCKY HILL, CT 06067 ANITA WILSON, 278 CONNECTICUT AVE, NEWINGTON, CT 06111 BRIAN WOOD 51 STANDARD ST, NEWINGTON, CT 06111 MARY WOOD 51 STANDARD ST, NEWINGTON, CT 06111 MARCIA MONTGOMERY 131 KNOLLWOOD RD, NEWINGTON, CT 06111 KAYE BURKE 17 SUNSET RD, NEWINGTON, CT 06111 PHILIP DESJARDINS 37 ELLSWORTH, NEWINGTON, CT 06111 DORI WORMER 50 CHURCH ST, NEWINGTON, CT 06111 CHRISTY MCDONALD 71 BROADVIEW ST, NEWINGTON, CT 06111 REGINA O'CONNELL, 58 CHURCHILL DRIVE, NEWINGTON, CT 06111	per week devoted to position PRESIDENT 2.00 DIRECTOR 1.00 DIRECTOR 1.00 VICE PRESIDE 2.00 TREASURER 5.00 SECRETARY 2.00 DIRECTOR 1.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) O . O . ENT O . O . O . O . O . O .	contrib employ plans, ar	O.	amount of other compensation O. O. O. O. O. O. O. O. O. O

Form 990-EZ (2011)

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this		ne t V	X				
			Yes	No				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	33		X				
34	activity in Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33						
J 4	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x				
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	<u> </u>						
	on lines 2, 6a, and 7a, among others)?	35a		Х				
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A				
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х				
36								
	complete applicable parts of Schedule N	36		X				
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	-		1,7				
	Did the organization file Form 1120-POL for this year?	37b		X				
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	38a		Х				
h	in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	304						
39	Section 501(c)(7) organizations. Enter:	1						
	Initiation fees and capital contributions included on line 9 N/A							
	Gross receipts, included on line 9, for public use of club facilities 39b N/A							
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:							
	section 4911 \blacktriangleright 0 • ; section 4912 \blacktriangleright 0 • ; section 4955 \blacktriangleright 0 •							
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the							
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			l				
	If "Yes," complete Schedule L, Part I	40b		Х				
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers							
	or disqualified persons during the year under sections 4912, 4955, and 4958							
u	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization							
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter							
	transaction? If "Yes," complete Form 8886-T	40e		х				
41	List the states with which a copy of this return is filed. $ ightharpoonup \mathbf{CT}$							
42 a	The organization's books are in care of ► BRIAN WOOD Telephone no. ► 860.66							
	Located at ► 51 STANDARD ST, NEWINGTON, CT ZIP+4 ► 0	611	1					
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority							
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	-				
	account)?	42b		X				
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
^	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х				
·	If "Yes," enter the name of the foreign country:	420						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•					
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A						
			Yes	No				
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of							
	Form 990-EZ	44a		X				
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead							
	of Form 990-EZ	44b		X				
	Did the organization receive any payments for indoor tanning services during the year?	44c		X				
a	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44d						
45 a	in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44u 45a		Х				
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	750						
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b						

132173 02-06-12

			-						Yes	No	
		rganization engage, directly or indirectly, in			•					V	
	t VI	omplete Schedule C, Part ISection 501(c)(3) organization	ns and section 40	947(a)(1) nonexe	mnt char	itahle tru	ete oi	oly Alle	46	1(a)(2)	
ı uı		organizations and section 4947(a)(1)			-			_		1(0)(3)	
		for lines 50 and 51. Check if the organ									
		-			·			_	Yes		
		rganization engage in lobbying activities or		-	-				47	X	
		anization a school as described in section							48	X	
		rganization make any transfers to an exem							19a	X	
50 (n 165, V Complete	vas the related organization a section 527 c this table for the organization's five highe	st compensated employees	(other than officers, d	irectors truste	es and kev er	nnlovee	<u>L</u> '	h received	more	
		0,000 of compensation from the organizati			modiors, irusic	oo and Roy of	прюусс	o, who cae	ii roccivou	111010	
		(a) Name and address of each emp		(b) Title and average		Reportable	(d) Hea	Ith benefits,	(e) Estir	mated	
		paid more than \$100,000		per week devoted		nsation (Forms /1099-MISC)			amount o		
		N	ONE	position				ensation	compen	sation ———	
				_							
				4							
				†							
		nber of other employees paid over \$100,00			de annual annual annual	th (0400	000 - (-		6 41		
		this table for the organization's five higher ion. If there is none, enter "None." ${f N}$	st compensated independe ONE	ent contractors wno eac	on received mo	re tnan \$ 100,	000 01 0	compensat	on from tr	16	
		d address of each independent contractor p		(h)	Type of service	re		(c) Co	mpensatio		
(=).	tarrio arri	a address of sash maspendonic contractor p	para mere man precioes	(5)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			(6) 0.	mporiouti		
d	Total nun	nber of other independent contractors each	receiving over \$100,000		>	•					
52 [Did the o	rganization complete Schedule A? Note: Al	Il section 501(c)(3) organiz	ations and 4947(a)(1)	nonexempt						
		e trusts must attach a completed Schedule		dules and statements, and	to the best of my	vknowiedae and		► X	Yes L	No No	
Declara	tion of pre	parer (other than officer) is based on all information	n of which preparer has any kno	owledge.	10 110 5001 01 111	- Kilowioago ario	1	10 11 40, 00110	or, and com		
Sign		Signature of officer					Date				
Here		MARY WOOD, PRESID	ENT								
		Type or print name and title	<u> </u>								
		Print/Type preparer's name	Preparer's signature	Da	te	Check X	if	PTIN			
Paid	l					self- emplo	yed				
-	oarer								06291	<u>L</u>	
Use	Only	Firm's name ► PATRICIA J	=					6-153			
		Firm's address ► 51 CROWN RIDGE Phone no. 860 – 66									
NA	IDC "		, CT 06111-4					177	V		
iviay ti	IR IKO QI	scuss this return with the preparer shown a	anove: See ilistructions					_	Yes _ rm 990-E 2	No 7 (2011)	
								1 0	1111 000-E	<u>- (</u> 2011)	

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FRIENDS OF THE LUCY ROBBINS WELLES LIBRARY, INC.

Employer identification number 22-2511658

Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins [.]	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗌			tal service organization			170(b)(1)	(A)(iii).					
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter th	ne hospital'	's nam	e.
	city, and stat	-										,
5	• •		benefit of a college or u	niversity ov	wned or o	perated by	a governi	mental uni	t describe	d in		
• —	-	(b)(1)(A)(iv). (Comple	-	,		· - · · · · ,	3					
6			ent or governmental uni	t describe	d in sectio	n 170(h)(-	1//////					
7			eives a substantial part					r from the	gonoral n	ublic dosc	ribad iı	n
,				oi its supp	ort iroin a	governine	intai uniit C	ıı il Olli üle	general p	ublic desci	ibeu ii	
• \Box		b)(1)(A)(vi). (Comple	ection 170(b)(1)(A)(vi).	(Camplete	Dort II \							
8 📙							مسمئة بما		_	d	:	£
9 📖			eives: (1) more than 33									
			nctions - subject to certa									
			axable income (less sec	tion 511 ta	ix) from bu	isinesses a	acquired b	y the orga	inization a	πer June 3	0, 197	5.
🖂		509(a)(2). (Complete					 ()/					
10 🖳			perated exclusively to te									
11 X	•		perated exclusively for the		•							or
	, ,		ations described in secti	` ' ' '	,	. , ,	2). See se o	tion 509(a)(3). Che	ck the box	that	
			organization and compl									
	a X Type I		• •	с 🗀 Тур		•	•			Type III - C		
e 📖	,		t the organization is not		•	•	•					n
		-	han one or more publicly		-				9(a)(1) or s	ection 509	(a)(2).	
f			ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th										
g			organization accepted ar							1		
			irectly controls, either a								Yes	No
			upported organization?									<u>X</u>
			n described in (i) above?									X
	(iii) A 35% d	controlled entity of a	person described in (i)	or (ii) above	e?					11g(iii)		X
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of organization			(v) Did you		(vi) Is organizațio	the	(vii) Am	ount of	f
org	anization		(described on lines 1-9	in col. (i) lis				l (i) organiz	ed in the	supp	port	
			`above or IRC section		uocument?	(i) of you	Supports	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
LUCY	ROBBINS											
WELLE	S LIBR	06-6002047	11A	X		X		X			504	<u>71.</u>
					L	L						
					1	1						
Total	1										504	71.

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

Schedule A (Form 990 or 990-EZ) 2011

132021

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.)

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.									
	tion B. Total Support		1		1	1				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on				-					
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)									
	Total support. Add lines 7 through 10		,							
	Gross receipts from related activities,	•	,			12				
13	First five years. If the Form 990 is for						. □			
Sec	organization, check this box and stop tion C. Computation of Publi	ic Support Pe	rcentage		<u></u>					
	Public support percentage for 2011 (I		<u> </u>	column (fl)		14	%			
	Public support percentage from 2010					15				
	33 1/3% support test - 2011. If the co									
	stop here. The organization qualifies									
b	33 1/3% support test - 2010. If the o									
	• •	•		,		,				
17a	and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2011. 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 "fac	,	•		, , ,		•			
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances test									
	more, and if the organization meets the									
	organization meets the "facts-and-circ		•				▶ □			
18	Private foundation. If the organizatio						ıs ▶			

Schedule A (Form 990 or 990-EZ) 2011

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	iow, picase com	oloto i dit ii.j				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and		, ,	,	, , , , , , , , , , , , , , , , , , ,	,	.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
· · · · · · · · · · · · · · · · · · ·						
6 Total. Add lines 1 through 5						
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						
	/-\ 0007	(I-) 0000	(-) 0000	(-1) 0040	(-) 0044	(6) T-+-1
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here						>
Section C. Computation of Public					г г	
15 Public support percentage for 2011 (lin					15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves					I I	
17 Investment income percentage for 201					17	%
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2011. If the	-					
more than 33 1/3%, check this box an						
b 33 1/3 % support tests - 2010. If the o	-					
line 18 is not more than 33 1/3%, chec			•		•	
20 Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	<u></u>

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Employer identification number Name of the organization FRIENDS OF THE LUCY ROBBINS 22-2511658 WELLES LIBRARY, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations □ Solicitation of government grants b Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes ∐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity to (or retained by) have custody fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col. (i) Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990 or 990-EZ) 2011

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

	FRIENDS OF THE LUCY ROBBINS	
Schedule G (Form 990 or 990-EZ	2) 2011 WELLES LIBRARY, INC.	22-2511658 Page 2
Part II Fundraising Ev	/ents. Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 18, or reported more than \$15,000
of fundraising even	t contributions and gross income on Form 990-EZ, lines 1 and 6b. Lis	t events with gross receipts greater than \$5,000

		of fundraising event contributions and gr				ots greater trial \$5,000.
			(a) Event #1	(b) Event #2 50TH	(c) Other events	(d) Total events
			BOOKSALES	ANNIVERSARY	7	(add col. (a) through
4			(event type)	(event type)	(total number)	- col. (c))
Revenue			33184.		11563.	44747.
Re	1	Gross receipts	33104.	0.	11303.	44/4/•
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	33184.		11563.	44747.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		722.	7257.	
	10					(12396,
_	11	Net income summary. Combine line 3, colum	n (d), and line 10			32351.
Pa	irt i		answered "Yes" to Form	1 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
ď	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	Ť	Cuter direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7		h 5 in column (d)		>	()
	8	Net gaming income summary. Combine line	1, column d, and line 7		>	
_	_					
		ter the state(s) in which the organization opera	_	-+-+0		N
		the organization licensed to operate gaming ac				Yes No
L	' ''	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	year?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·	·		·
			•		·	

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

FRIENDS OF THE LUCY ROBBINS

Schedule G (Form 990 or 990-EZ) 2011 WELLES LIBRARY, INC.	22-2511658 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other	
to administer charitable gaming?	. — —
13 Indicate the percentage of gaming activity operated in:	195 = 18
	120
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events	books and records:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gami	ng revenue? Yes No
load boes the organization have a contract with a third party from whom the organization receives gami	ng revenue? les les les
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$	and the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name >	
A delivered N	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
daning manager compensation • • •	
Description of services provided	
Director/officer Employee Independent contractor	
• •	
17 Mandatory distributions:	
•	
a Is the organization required under state law to make charitable distributions from the gaming proce	
retain the state gaming license?	Yes L No
b Enter the amount of distributions required under state law to be distributed to other exempt organized	zations or spent in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part IV	art I, line 2b, columns (iii) and (v), and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide a	any additional information (see instructions).
	,

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1 990-EZ

Asset No.	Description	Date Acquired	Method	Life	C o n No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	10 SIX FOOT TABLES	11/13/06	200DB	7.00	MQ17	380.				380.	309.		33.	342.
2	SIGN HOLDER	04/19/07	200DB	7.00	MQ17	155.				155.	119.		14.	133.
3	LAPTOP COMPUTER	08/31/07	200DB	5.00	MQ17	995.				995.	900.		95.	995.
4	STORAGE CONTAINER	04/01/09	SL	10.00	16	5593.				5593.	1351.		559.	1910.
5	CALCULATOR FOR TREASURER	11/19/09	SL	5.00	16	42.				42.	14.		8.	22.
6	STORAGE CABINET	07/31/12	SL	5.00	MQ16	297.				297.			5.	5.
	* TOTAL 990-EZ PG 1 DEPR				\perp	7462.				7462.	2693.		714.	3407.
					\perp									

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization FRIENDS OF THE LUCY ROBBINS WELLES LIBRARY, INC.	Employer identification number 22-2511658
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME ON CHECKING & SAVINGS	52.
INTEREST INCOME ON CD	854.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	906.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: PER 990EZ-PART III	
GRANTEE NAME: LUCY ROBBINS WELLES LIBRARY	
GRANTEE ADDRESS: 95 CEDAR STREET NEWINGTON, CT 06111	
GRANTEE RELATIONSHIP: SUPPORTED ORGANIZATION	_
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: VARIOUS	
AMOUNT GIVEN:	
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES,	AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	714.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DUES & MEETINGS	438.
D&O AND LIABILITY INSURANCE	1699.
OTHER	1537.
ANNUAL MEETING LHA For Paperwork Poduction Act Notice see the Instructions for Form 990 or 990 F7 School	166.

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

Schedule O (Form 990 or 990-EZ) (2011)

SCHEDULE 0

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Name of the organization FRIENDS OF THE LUCY ROBBINS WELLES LIBRARY, INC. COMMUNICATION			r identification numl
		'	
			57
VOLUNTEER AWARDS			29
TOTAL TO FORM 990-EZ, LINE 16			471
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:			
DESCRIPTION	BEG. O	F YEAR	END OF YE
PREPAID EXPENSES		240.	13
FRIENDS CORNER INVENTORY		3139.	251
POSTAGE DEPOSIT		552.	1
RECEIVABLE		0.	1
OTHER DEPRECIABLE ASSETS		4472.	405
TOTAL TO FORM 990-EZ, LINE 24		8403.	672
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:			
DESCRIPTION	BEG. O	F YEAR	END OF YE
ACCOUNTS PAYABLE		721.	232
DEFERRED REVENUES		0.	170
OTHER PAYABLE		0.	20
TOTAL TO FORM 990-EZ, LINE 26		721.	422
FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERV	VICE AC	COMPLISH	IMENTS:
PROFESSIONAL CONFERENCES			
GRANTS \$ 0. EXPENSES \$ 2693.			
SMART BOARD			
GRANTS \$ 0. EXPENSES \$ 1380.			

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

Schedule O (Form 990 or 990-EZ) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

FRIENDS OF THE LUCY ROBBINS Name of the organization **Employer identification number** WELLES LIBRARY, INC. 22-2511658 IPADS. EBOOKS. AND EREADERS' EXPENSES \$ 2427. GRANTS \$ 0. BOOK CARTS GRANTS \$ 0. EXPENSES \$ 681. AWE EARLY LEARNING STATION GRANTS \$ 0. EXPENSES \$ 2900. COMMUNITY ROOM FURNITURE EXPENSES \$ 2272. GRANTS \$ 0. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

FRIENDS OF THE LUCY ROBBINS WELLES LIBRARY, INC.

Employer identification number 22-2511658

WELLES LIBRARY, INC.			22-25116	58
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compens				or Part IV.)
(b) Title and average hours (c) Reportable compensation (For			(d) Health benefits, contributions to employee benefit plans, and deferred	
(a) Name and address	position	W-2/1099-MISC) (If not paid, enter -0-)	plans, and deferred compensation	compensation
ANNE SOUSA	DIRECTOR	(ii iiot paia, cittei o)	compensation	
26 HALL ST, NEWINGTON, CT 06111	1.00	0.	0.	0.
MICHELLE TINE	DIRECTOR	0.	· ·	<u> </u>
		_		_
7 LOCUST DR, NEWINGTON, CT 06111	1.00	0.	0.	0.
CAROL JORDAN	DIRECTOR			
14 BALDWIN CT, NEWINGTON, CT 06111	1.00	0.	0.	0.
BELINDA SANTOS, 40 NEW BRITAIN AVE,	DIRECTOR	_	_	_
NEWINGTON, CT 06111	1.00	0.	0.	0.
MARAIDH THOMSON	DIRECTOR			
82 WELLES DRIVE, NEWINGTON, CT 06111	1.00	0.	0.	0.
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7324/1 01-06-12		Cabadula	O /F 000	990-F7) (2011)

Form 88	368 (Rev. 1-2012)					Page 2
	ı are filing for an Additional (Not Automatic) 3-Month Ex	tension.	complete only Part II and check this	box		T T
	only complete Part II if you have already been granted an a					
	are filing for an Automatic 3-Month Extension, comple					
Part				al (no c	opies n	eeded).
	· · ·			•	•	er, see instructions
Type or	Name of exempt organization or other filer, see instru	ctions			•	ation number (EIN) or
print	FRIENDS OF THE LUCY ROBBINS					
File by the	WHITEG LIDDARY ING				22-2	2511658
due date f	due date for			Social se	curity nu	mber (SSN)
filing your return. See	OF CEDYD CM				···- , · · · · ·	(,
instruction		oreign add	lress, see instructions.			
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Annline	Ai au	Dod	Annliantian			Datum
Applica	ition	Return	Application			Return
Is For	200	Code	Is For			Code
Form 99		01	Form 1041-A			00
Form 99		02		08		
Form 99		01	Form 4720 Form 5227	10		
		05	Form 6069	11		
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)						
	Do not complete Part II if you were not already granted	06 Lan autor		iouely file	od Form 8	12
	BRIAN WOOD					
	books are in the care of 51 STANDARD ST	- NE				
	phone No. ► 860.665.7899		FAX No. ▶			- —
	e organization does not have an office or place of busines					
If this	s is for a Group Return, enter the organization's four digit	1				
box 🕨	. If it is for part of the group, check this box			all memb	ers the e	xtension is for.
	request an additional 3-month extension of time until		15, 2013	3.770	2.1	0010
	,, , 3		, 2011 , and ending			
6 If	the tax year entered in line 5 is for less than 12 months, o	heck reas	on: L Initial return L	⊥ Final ı	eturn	
L	Change in accounting period					
	tate in detail why you need the extension	- 33TD	3.00113.D.3.M.D	TDAT	ADDIO	170313.7
_	N ORDER TO COMPLETE A CORREC'			URN,	ADDTI	TIONAL
<u>1</u>	IME IS REQUIRED BY THE ORGAN	LZATI	UN.			
					1	
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		_	0
_	onrefundable credits. See instructions.			8a	\$	0.
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
	x payments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid	8b		0.
_	previously with Form 8868.				\$	0.
	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					0.
E	FTPS (Electronic Federal Tax Payment System). See instru		st be completed for Part II o	8c nlv	\$	0.
Under pe	enalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ing accomp	•	-	f my know	ledge and belief,
Signatur		PRESI	DENT	Date	•	
Jigilatal	Title P		, _	Date		m 8868 (Rev. 1-2012)

Form 8879-FO

IRS e-file Signature Authorization for an Exempt Organization

			J			
For calendar year 2011, or fiscal year beginning	SEP	1	, 2011, and ending	AUG	31	,20 1

L 2

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

▶ Do not send to the IRS. Keep for your records. ➤ See instructions.

Employer identification number

FRIENDS OF THE LUCY ROBBINS WELLES LIBRARY, INC.

22-2511658

Name and title of officer MARY WOOD

PRESIDENT

Part I	Type of Return and Return Information	(Whole Dollars Only

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here b X b Total revenue, if any (Form 990-EZ, line 9)	2 b	54780
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	DIN:	check	one	hox	only
Ullicel 5	TIIV.	CHECK	ULIE	DUA	UIIIV

LX lauthorize PATRICIA J. FOLEY, CPA	to enter my PIN	20111
ERO firm name		nter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2011 electronically filed return. If I have indicated wit is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I als enter my PIN on the return's disclosure consent screen.		• •
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature ▶ Date ▶	04/08/13	
Part III Certification and Authentication		

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

06295120111 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2011)