

# 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)

## 2008

Open to Public Inspection

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2008 calendar year, or tax year beginning **SEP 1, 2008** and ending **AUG 31, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>FRIENDS OF THE LUCY ROBBINS WELLES LIBRARY, INC.</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>95 CEDAR ST</b> City or town, state or country, and ZIP + 4 <b>NEWINGTON, CT 06111-2645</b>	<b>D</b> Employer identification number <b>22-2511658</b>  <b>E</b> Telephone number <b>860-665-8700</b>  <b>F</b> Group Exemption Number ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)  
**G** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**I** Website: ▶ **WWW.NEWINGTONCT.GOV/LIBRARY**  
**J** Organization type (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527  
**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)  
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **76120.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

	Description		Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received	25259.
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	4057.
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	46804.
	6b	Less: direct expenses other than fundraising expenses	10229.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	36575.	
7a	Gross sales of inventory, less returns and allowances		
7b	Less: cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe ▶ _____)		
9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		65891.
Expenses	10	Grants and similar amounts paid (attach schedule) <b>STMT 5</b>	46556.
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	
	14	Occupancy, rent, utilities, and maintenance <b>SEE STATEMENT 4</b>	546.
	15	Printing, publications, postage, and shipping	2898.
	16	Other expenses (describe ▶ _____) <b>SEE STATEMENT 1</b>	4044.
17	<b>Total expenses.</b> Add lines 10 through 16		54044.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	11847.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	143947.
	20	Other changes in net assets or fund balances (attach explanation)	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	142362.	148520.
23	Land and buildings		
24	Other assets (describe ▶ <b>SEE STATEMENT 2</b> )	2576.	8821.
25	<b>Total assets</b>	144938.	157341.
26	<b>Total liabilities</b> (describe ▶ <b>SEE STATEMENT 3</b> )	991.	1547.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	143947.	155794.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <b>TO SUPPORT THE LIBRARY</b>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<b>CHILDREN &amp; YOUNG ADULT &amp; ADULT PROGRAMING</b>	
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 14656.
29	<b>PURCHASE OF BOOKS, VIDEOS, DVD'S FOR LIBRARY COLLECTION; MUSEUM &amp; ATTRACTION PASSES</b>	
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 10976.
30	<b>LIBRARY NEWSLETTER - DESIGN, PRINTING &amp; POSTAGE</b>	
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 8510.
31	Other program services (attach schedule) <b>SEE STATEMENT 7</b>	
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 12414.
32	<b>Total program service expenses (add lines 28a through 31a)</b>	32 46556.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NATALIE HARBESON	VICE PRESIDENT			
319 LLOYD ST, NEWINGTON, CT 06111	2.00	0.	0.	0.
JOANN CROMWELL	DIRECTOR			
22 SEVENTH ST, NEWINGTON, CT 06111	1.00	0.	0.	0.
MARY JANE MICHAELS	DIRECTOR			
3 E ROBINSON RD, ROCKY HILL, CT 06067	1.00	0.	0.	0.
ANITA WILSON, 278 CONNECTICUT AVE, NEWINGTON, CT 06111	1.00	0.	0.	0.
BRIAN WOOD	PRESIDENT			
51 STANDARD ST, NEWINGTON, CT 06111	2.00	0.	0.	0.
MARY WOOD	TREASURER			
51 STANDARD ST, NEWINGTON, CT 06111	5.00	0.	0.	0.
FRED BERNER	DIRECTOR			
319 LLOYD ST, NEWINGTON, CT 06111	1.00	0.	0.	0.
MARCIA MONTGOMERY	SECRETARY			
131 KNOLLWOOD RD, NEWINGTON, CT 06111	2.00	0.	0.	0.
LIZ PALAIA	DIRECTOR			
48 SOUTHWOOD RD, NEWINGTON, CT 06111	1.00	0.	0.	0.
KAYE BURKE	DIRECTOR			
17 SUNSET RD, NEWINGTON, CT 06111	1.00	0.	0.	0.
GEORGE DEGEORGE	DIRECTOR			
20 WOODSEGE DR, NEWINGTON, CT 06111	1.00	0.	0.	0.
PHIL DESJARDINS	DIRECTOR			
37 ELLSWORTH, NEWINGTON, CT 06111	1.00	0.	0.	0.
DORI WORMER	DIRECTOR			
50 CHURCH ST, NEWINGTON, CT 06111	1.00	0.	0.	0.
CHRISTY MCDONALD	DIRECTOR			
71 BROADVIEW ST, NEWINGTON, CT 06111	1.00	0.	0.	0.
REGINA O'CONNELL, 58 CHURCHILL DRIVE, NEWINGTON, CT 06111	1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a 0.</span>		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	N/A	
39b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ 0.</span> ; section 4912 <span style="float:right">▶ 0.</span> ; section 4955 <span style="float:right">▶ 0.</span>		
40b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
40d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
40e	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		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶ NONE</span>		
42a	The books are in care of <span style="float:right">▶ MARY WOOD</span> Telephone no. <span style="float:right">▶ 860.665.7899</span> Located at <span style="float:right">▶ 51 STANDARD ST, NEWINGTON, CT</span> ZIP + 4 <span style="float:right">▶ 06111</span>		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43 N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

FRIENDS OF THE LUCY ROBBINS

Form 990-EZ (2008)

WELLES LIBRARY, INC.

22-2511658

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**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 <span style="float: right;">▶</span>				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 <span style="float: right;">▶</span>		

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.

Sign Here ▶ *Mary L. Wood* Date ▶ 1/13/10

▶ Treasurer Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *Patricia J. Foley CPA* Date ▶ 12/16/09 Check if self-employed ▶  Preparer's Identifying Number (See instr)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PATRICIA J. FOLEY, CPA  
51 CROWN RIDGE  
NEWINGTON, CT 06111-4234 EIN ▶

▶ Phone no. ▶ 860-667-1504

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

Form 990-EZ (2008)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

**2008**  
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 Charity Status** (All organizations must complete this part ) (see instructions)

The organization is not a private foundation because it is (Please check only one organization )

- 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). (Attach Schedule H )
- 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 the Part III )
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)
- 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?
  - (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?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
LUCY ROBBINS WELLES LIBR		11A	X		X		X		
<b>Total</b>									

FRIENDS OF THE LUCY ROBBINS

**Part I** 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	24778.	22516.	25910.	25794.	25259.	124257.
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 Total. Add lines 1 - 3	24778.	22516.	25910.	25794.	25259.	124257.
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 Public Support. Subtract line 5 from line 4						124257.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	24778.	22516.	25910.	25794.	25259.	124257.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	497.	2016.	3566.	5001.	4057.	15137.
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)						
11 Total support. Add lines 7 through 10						139394.
12 Gross receipts from related activities, etc (see instructions)					12	225939.

13 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**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	89.14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	93.79	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. 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 stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. 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 stop here. 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 10% -facts-and-circumstances test - 2007. 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 stop here. 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 Private foundation. 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"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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 ▶

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
DUES & MEETINGS		635.	
BOARD AND COMMITTEE MEETINGS		309.	
D&O AND LIABILITY INSURANCE		1664.	
OTHER		851.	
ANNUAL MEMBERSHIP MEETING COMMUNICATION		550.	
		35.	
TOTAL TO FORM 990-EZ, LINE 16		4044.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
POSTAGE DEPOSIT	500.	472.	
FRIENDS CORNER & CAFE SUPPLIES	1107.	2304.	
DEPOSITS & PREPAID	100.	130.	
OTHER DEPRECIABLE ASSETS	869.	5915.	
TOTAL TO FORM 990-EZ, LINE 24	2576.	8821.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED INCOME	1000.	1000.	
UNPAID EXPENSES	-9.	547.	
TOTAL TO FORM 990-EZ, LINE 26	991.	1547.	

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	4
DESCRIPTION		AMOUNT	
DEPRECIATION		546.	
TOTAL TO FORM 990-EZ, LINE 14		546.	



FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
PER 990EZ-PART III  LUCY ROBBINS WELLES LIBRARY 95 CEDAR STREET, NEWINGTON, CT 06111	SUPPORTED ORGANIZATION	46556.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		46556.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

