

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2012

Open to Public
Inspection

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

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization **Friends of Linebaugh Public Library**
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 2903
City, town or post office, state, and ZIP code
Murfreesboro, TN 37133

D Employer identification no. **62-1351111**
E Telephone number **24, 013**
G Gross receipts \$

F Name and address of principal officer: **Carlton Miller**
Same as C above

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **N/A**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **2005** **M** State of legal domicile: **TN**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **Support the Rutherford County, Tennessee Linebaugh Public Library System**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3** **5**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **5**

5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) **5** **0**

6 Total number of volunteers (estimate if necessary) **6**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0**

b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	22,104	23,811
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	249	202
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,353	24,013
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)	0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,549	22,686
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,549	22,686
19 Revenue less expenses. Subtract line 18 from line 12	(3,196)	1,327

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	46,639	45,321
21 Total liabilities (Part X, line 26)		0
22 Net assets or fund balances. Subtract line 21 from line 20	46,639	45,321

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.

Sign Here

Joyce Cunningham
Signature of officer
Date

Joyce Cunningham, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Jon Jaques CPA** Preparer's signature: **Jon Jaques CPA** Date: **11/5/13** Check ☐ if PTIN self-employed: **P00208591**

Firm's name: **Jaques CPA PC** Firm's EIN: **615-893-7800**
Firm's address: **752 S Church Street** Phone no.: **Murfreesboro TN 37130**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)