

Return of Organization Exempt From Income Tax

2013

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

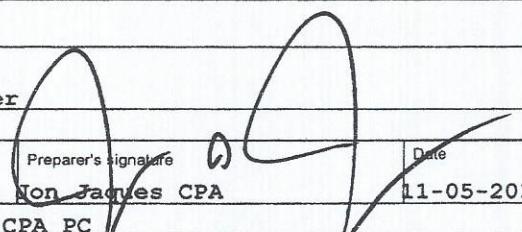
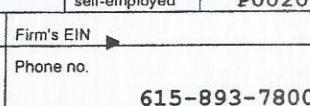
B Check if applicable:	C Name of organization Friends of Linebaugh Public Library		D Employer identification no. 62-1351111
<input type="checkbox"/> Address change	Doing Business As		E Telephone number
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) PO Box 2903		Room/suite
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code Murfreesboro, TN 37133		21,638
<input type="checkbox"/> Terminated			G Gross receipts \$
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	F Name and address of principal officer: Kris Delene Same as C above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <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			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: N/A			H(c) If "No," attach a list. (see instructions) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2005		M State of legal domicile: TN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Support the Rutherford County, Tennessee Linebaugh Public Library System		
		Prior Year	Current Year
Revenue	2 Check this box ► <input type="checkbox"/> 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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2013 (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
Expenses	8 Contributions and grants (Part VIII, line 1h)	23,811	21,631
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	202	7
	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)	24,013	21,638
	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
Net Assets or Fund Balances	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)	22,686	22,204
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,686	22,204
	19 Revenue less expenses. Subtract line 18 from line 12	1,327	(566)
	20 Total assets (Part X, line 16)	45,321	44,755
21 Total liabilities (Part X, line 26)		0	
22 Net assets or fund balances. Subtract line 21 from line 20	45,321	44,755	

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	Linda Gill Signature of officer	Date			
	Linda Gill, Treasurer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Jon Jaques CPA	Preparer's signature 	Date 11-05-2014	Check <input type="checkbox"/> if self-employed	PTIN P00208591
	Firm's name Jaques CPA PC			Firm's EIN 	
	Firm's address 752 S Church Street Murfreesboro TN 37130			Phone no.	615-893-7800

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 (2013)