

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

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20														
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization Friends of Linebaugh Public Library</td> <td>D Employer identification no. 62-1351111</td> </tr> <tr> <td colspan="2">Doing Business As</td> <td rowspan="3">E Telephone number 22, 353</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) PO Box 2903</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 Murfreesboro, TN 37133</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: Marilyn Morrison Same as C above</td> <td>G Gross receipts \$</td> </tr> </table>	C Name of organization Friends of Linebaugh Public Library		D Employer identification no. 62-1351111	Doing Business As		E Telephone number 22, 353	Number and street (or P.O. box if mail is not delivered to street address) PO Box 2903		City or town, state or country, and ZIP + 4 Murfreesboro, TN 37133		F Name and address of principal officer: Marilyn Morrison Same as C above		G Gross receipts \$
C Name of organization Friends of Linebaugh Public Library		D Employer identification no. 62-1351111												
Doing Business As		E Telephone number 22, 353												
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City or town, state or country, and ZIP + 4 Murfreesboro, TN 37133														
F Name and address of principal officer: Marilyn Morrison Same as C above		G Gross receipts \$												
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														
J Website: N/A														
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	
1 Briefly describe the organization's mission or most significant activities: Support the Rutherford County, Tennessee Linebaugh Public Library System	
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	
4 Number of independent voting members of the governing body (Part VI, line 1b) 4	
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 0	
6 Total number of volunteers (estimate if necessary) 6	
7a Total unrelated business revenue from Part VIII, column (C), line 12 0	
7b Net unrelated business taxable income from Form 990-T, line 34 0	
R e v e n u e	8 Contributions and grants (Part VIII, line 1h) 20,179
	9 Program service revenue (Part VIII, line 2g) 0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 188
	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) 20,367
E x p e n s e s	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) 30,222
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 30,222
19 Revenue less expenses. Subtract line 18 from line 12. (9,855)	
N e t A s s e t s o r F u n d B a l a n c e s	20 Total assets (Part X, line 16) 49,835
	21 Total liabilities (Part X, line 26) 0
	22 Net assets or fund balances. Subtract line 21 from line 20. 49,835

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	Marilyn Morrison Signature of officer	Date			
	Marilyn Morrison, 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 10-18-2012	Check <input type="checkbox"/> if self-employed	PTIN P00208591
	Firm's name Jaques CPA PC	Firm's EIN 615-893-7800			
	Firm's address 752 S Church Street 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.