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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)

OMB No. 1545-1150

2011

Open to Public
Inspection

► Sponsoring organizations of donor 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 (see instructions).
 All other organizations with gross receipts less than \$200,000 and total assets less than \$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 2011 calendar year, or tax year beginning

, 2011, and ending

, 20

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

C Name of organization
Friends of the Henderson Libraries
Number & street (or P.O. box, if mail is not delivered to street addr.)
280 S Green Valley Pkwy
City or town, state or country, and ZIP + 4
Henderson NV 89012

D Employer identification number
88-0463771
E Telephone number
(702) 492-6592
F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ►

H Check ► if the organization is **not** required to attach Schedule B
 (Form 990, 990-EZ, or 990-PF).

I Website: ► www.HDPLFRIENDS.ORG

J Tax-exempt status (check only one) -- 501(c)(3) 501(c)(4) ◀ (insert no.) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **179,682**

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

Check if the organization used Schedule O to respond to any question in this Part I. □

REVENUE 1 2 3 4 5a b c 6 a b c d 7a b c 8 9 10 11 12 13 14 15 16 17 18 19 20 21	1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 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 line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 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) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► 157,525	1 5,835 2 3 3,530 4 1,016 5c 6d 16,362 7c 71,799 8 58,983 9 10 2,100 11 12 13 2,212 14 15 2,753 16 148,584 17 155,649 18 1,876 19 78,949 20 21 80,825
	10 Grants and similar amounts paid (list in Schedule O) 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 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 ► 148,584	<div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">APR 11 2013</p> <p style="margin: 0;">IRS OSG</p> <p style="margin: 0;">OGDEN, UT</p> </div>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► 80,825	

For Paperwork Reduction Act Notice, see the separate Instructions.

11P

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	78,949	22	0
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	78,949	25	0
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	78,949	27	0

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See attachment #1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instr. for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and address	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099 MISC) (If not paid, enter -0-)	(d) Health benefits, Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
See attachment #2				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	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 activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
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	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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 outstanding at the end of the tax year covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter.	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
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? If "Yes," complete Schedule L, Part I	40b	X
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 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____		
e 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	X
41 List the states with which a copy of this return is filed. ► NV		
42a The organization's books are in care of ► See attachment #3 Telephone no. ► _____ Located at ► _____		
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 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 .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	X
If "Yes," enter the name of the foreign country: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here ► 43 and enter the amount of tax-exempt interest received or accrued during the tax year		
44a 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
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		X
48		X
49a		X
b		X
50		

50 Complete this table for the organization's 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."

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				
f Total number of other employees paid over \$100,000 . . . ►				

51 Complete this table for the organization's 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		
d Total number of other independent contractors each receiving over \$100,000 . . . ►		

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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	► <i>Alexandra Costa</i> Signature of officer	Treasurer	Date <i>4/2/2013</i>
	► <i>Alexandra Costa</i> Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name <i>Daniel Watkins</i>	Preparer's signature <i>Dan Watkins 4/2/13</i>	Date <i>4/2/13</i>	Check <input type="checkbox"/> if self-employed	PTIN <i>P00106268</i>
	Firm's name ► H&R Block Office 27839			Firm's EIN ►	
	Firm's address ► 2819 N GREEN VALLEY PKWY			Phone no.	702-898-1133

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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.

Open to Public
Inspection

Name of the organization

Friends of the Henderson Libraries

Employer Identification number

88-0463771

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: (For lines 1 through 11, check only one box.)

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)**.
 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 Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 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?

	Yes	No
11g(I)		X
11g(II)		X
11g(III)		X

h Provide the following information about the supported organization(s).

(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		
Total							

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

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

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.")	12,365	9,050	10,480	4,765		36,660
2 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	66,220	80,788	102,141	115,881		365,030
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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	78,585	89,838	112,621	120,646		401,690
7a Amounts included on lines 1, 2, and 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)						401,690

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	78,585	89,838	112,621	120,646		401,690
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	289	484	275	219		1,267
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	289	484	275	219		1,267
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.)	78,874	90,322	112,896	120,865		402,957

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 ►

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.69	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		%

Section C. Computation of Public Support Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.31	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		%

19a 33 1/3 % support tests -- 2011. 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	17	0.31	%
b 33 1/3 % support tests -- 2010. 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	18		%
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			

M A 24

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Friends of the Henderson Libraries

Employer identification number

88-0463771

grant to Henderson Public Library \$115826

pass through donation to henderson Pub Library \$1000

Total Donations \$116826

Expenses

Insurance 1162.00

license and fees 150.00

legal fees 50.00

Amazon Supplies 826.69

Office supplies 356.54

stamps.com 6641.51

gift expense 340.00

gift cert redeemed 71.00

misc expenses 417.92

adverting 2050.00

area design 20.00

amazon fees 7259.01

paypal fees 28.03

c/c processing fees 785.09

bank serv fees 1.40

TOTAL EXPENSES 20159.19

reimbursement for stamps - 7530.46*

* Reported as other income

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning , and ending
Name of Organization Friends of the Henderson Libraries	Employer Identification Number 88-0463771
<p style="text-align: center;">Primary Purpose</p> <p>Maintain an association of persons interested in books and libraries to support the programs and services of the Henderson Public libraries</p>	

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2011 or tax period beginning _____, and ending _____			
Name of Organization Friends of the Henderson Libraries			Employer Identification Number 88-0463771	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
Ronald D. Hughes 2903 Rio sonora Henderson, NV 89074	director	0	0	0
Laura Spina 155 SWater Street ste 220 Indian Springs, NV 89018	President	0	0	0
Leslie Finzer 4 Wadwe hampton Trail Henderson, NV 89052	Secretary	0	0	0
Alexandra Costa 280 S Green Valley Pkwy Henderson, NV 89012	Treasurer	0	0	0
Marian Brown 498 Dart Brook Place Henderson, NV 89012	Vice President	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending
Name of Organization Friends of the Henderson Libraries		Employer Identification Number 88-0463771
Part V - Line 42a		
Individual Name <u>Alexandra Costa</u>		
or		
Business Name:		
Street Address <u>280 S Green Valley Pkwy</u>		
U.S. Address.		
Zip code <u>89012</u>	City <u>Henderson</u>	State <u>NV</u>
or		
Foreign Address		
City		
Province or State		
Country		
Postal code		
Phone Number <u>(702) 400-8803</u>		
Fax Number		

2011 DETAIL STATEMENTS

Friends of the Henderson Libra
88-0463771

Page 1

STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15)

MONTHLY FEE.....	80
STAMPS.COM.....	64
POSTAGE AND SHIPPING.....	1,046
OFFICE SUPPLIES.....	736
MISC EXPENSE.....	827
 TOTAL CARRIED TO 990 EZ PG 1 Line 15.....	2,753

STATEMENT #2 - Contributions, gifts, grants (EZ1 Line 1)

PASS THRU DONATION INCOME.....	500
GENERAL DONATION.....	4,900
IN MEMORY OF MARYLIN DIAL.....	435
 TOTAL CARRIED TO EZ1 Line 1.....	5,835

STATEMENT #3 - Membership Dues & Assessments (990-EZ PG 1 Line 3)

MERBERSHIP.....	3,530
 TOTAL CARRIED TO 990-EZ PG 1 Line 3.....	3,530

STATEMENT #4 - Investment Income (990-EZ PG 1 Line 4)

INTEREST.....	101
INTEREST CD.....	46
BANK OF NAVADA.....	144
devry university.....	725
 TOTAL CARRIED TO 990-EZ PG 1 Line 4.....	1,016

STATEMENT #5 - Gross income from fundraising (990-EZ PG 1 Line 6b)

INCOME FROM LTL FUNDRAISING.....	38,519
 TOTAL CARRIED TO 990-EZ PG 1 Line 6b.....	38,519

STATEMENT #6 - Direct expenses from gaming (990-EZ PG 1 Line 6c)

AMAZON FEES.....	10,869
MONTHLY FEES.....	520
SHIPPING COST.....	9,906
SHIPPING SUPPLIES.....	862
 TOTAL CARRIED TO 990-EZ PG 1 Line 6c.....	22,157

2011 DETAIL STATEMENTS

Friends of the Henderson Libra
88-0463771

Page 2

STATEMENT #7 - Other revenue (990-EZ PG 1 Line 8)

AMAZON SHIPPING REIMBURSEMENT.....	12,112
AMAZON GROSS SALES.....	46,871
 TOTAL CARRIED TO 990-EZ PG 1 Line 8.....	58,983

STATEMENT #8 - Grants and similar amts paid (990-EZ PG 1 Line 10)

PASS THRU DONATION EXP.....	2,000
DONATION other.....	100
 TOTAL CARRIED TO 990-EZ PG 1 Line 10.....	2,100

STATEMENT #9 - Professional Fees (990-EZ PG 1 Line 13)

CC PROCESSION FEES.....	297
PAYPAL FEES.....	33
ACCOUNTING FEES.....	330
INSURANCE.....	1,552
 TOTAL CARRIED TO 990-EZ PG 1 Line 13.....	2,212

STATEMENT #10 - Other expenses (EOEZ Pg 1 Line 16)

DONATIONS TO HDP.....	76,947
ADVERTISING.....	1,990
BANK SERVICE CHARGES.....	25
DECORATOR FEE.....	275
AREA DESIGN.....	332
BASKETS.....	453
GALA RECEPTION.....	5,958
BOUTIQUE ITEMS MISC.....	296
WREATHS.....	39
GIFTS & AWARDS.....	50
GIFT EXPENSE.....	2,050
PASS THRU DONATION EXP.....	60,169
 TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	148,584

STATEMENT #11 - ()

TOTAL CARRIED TO	71,799
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