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Form 990-EZ

Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax
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-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2013**Open to Public
Inspection**

A For the 2013 calendar year, or tax year beginning , 2013, 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 province, country, and ZIP or foreign postal code: 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) () (insert no.) 4947(a)(1) or 527

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

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 197,405

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	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
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)
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
6b	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)
6c	Less: direct expenses from gaming and fundraising events
6d	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
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 in Schedule O)
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8
EXPENSES	
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
NET ASSETS	
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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

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		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)		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)?		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		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		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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
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	NONE	
42a The organization's books are in care of	SEE ATTACHMENT #3	Telephone no
Located at		ZIP + 4
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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	
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	N/A
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 only

All section 501(c)(3) organizations 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 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 48 Is the organization 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 a section 527 organization?
- 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."

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

(a) Name and title of each employee	(b) 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 business address of each independent contractor	(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	X 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>Ed Costa</i>	Date <i>5/26/2014</i>			
	ALEXANDRA COSTA Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GEORGIA LAWRENCE	<i>Georgia Lawrence</i>	<i>4/18/2014</i>		P00095010
	Firm's name	Firm's EIN			
	HRB TAX GROUP INC	431871840			
	Firm's address	Phone no.			
	806 BUCHANAN	702-294-0648			

May the IRS discuss this return with the preparer shown above? See instructions

Yes	X No
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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

FRIENDS OF THE HENDERSON LIBRARIES

88-0463771

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions
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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--Non-functionally integrated

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 supported organization(s)

	Yes	No
11g(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	2,745	4,765		4,385	8,131	20,026
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						
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	102,141	115,881		115,582	187,808	521,412
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	104,886	120,646		119,967	195,939	541,438
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.)						541,438

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	104,886	120,646		119,967	195,939	541,438
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	112,621	1,206,463		323,105	195,939	1,838,128
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	112,621	1,206,463		323,105	195,939	1,838,128
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	275	219		978	140	1,612
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.)	217,782	1,327,328		444,050	392,018	2,381,178
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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	22.74 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	77.19 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests -- 2013.** 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 -- 2012.** 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 ☒

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.**

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

FRIENDS OF THE HENDERSON LIBRARIES

Employer identification number

88-0463771

PAGE 5 LINE 7 ELECTED MEMBERS HAVE THE AUTHORITY TO APPOINT ONE OR MORE M
PASS THRU DONATION EXPENSE 4585
PASS THRU DONATION EXPENSE 63956
OTHER EXPENSES ACCOUNTING FEES 670
BANK SERVICE CHARGES 10
PAY PAL FEES 52
CC PROCESSING FEES 961
DONATIONS TO HENDERSON PUBLIC LIBRARIES
TRAVEL 171

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION		For calendar year 2013, or tax period beginning , and ending
Name of Organization FRIENDS OF THE HENDERSON LIBRARIES		Employer Identification Number 88-0463771
Primary Purpose MAINTAIN AN ASSOCIATION OF PERSONS INTERESTED IN BOOKS AND LIBRARIES TO SUPPORT THE PROGRAMS AND SERVICES OF THE HENDERSON PUBLIC LIBRARIES.		

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 2013, 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
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See attached list

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990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION		For calendar year 2013, 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
or
Business Name

Street Address
.....

U.S. Address:

Zip code _____ City _____ State _____

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number

2013 DETAIL STATEMENTSFRIENDS OF THE HENDERSON LIBRA
88-0463771

PAGE 1

STATEMENT #1 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)

PASS THRU INCOME.....	3,000
GENERAL DONATION.....	1,300
IN MEMORY CONTRIBUTIONS.....	1,086

TOTAL CARRIED TO EZ1 LINE 1.....	5,386
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STATEMENT #2 - CONTRIBUTIONS AND GRANTS (990-EO PG 1 LINE 8)

DONATION INCOME.....	5,386
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TOTAL CARRIED TO 990-EO PG 1 LINE 8.....	5,386
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STATEMENT #3 - PROGRAM SERVICE REVENUE (990-EO PG 1 LINE 9)

BASKETS.....	18,768
CASH CARRY.....	1,155
COOKBOOKS.....	15
TWO GIFTS IN ONE.....	720
TABLE TOP TREE.....	450
BOOK BUNDLES.....	1,311
HOSTESSES GIFTS.....	1,153
EVENT SPONSERS.....	576
PLEDGES.....	6,439
CHANCE DRAWING.....	1,907
GALA RECEPTION.....	8,820
BOUTIQUE ITEMS.....	915
WINE GLASSES.....	890
TREE SPONSERS.....	4,400
WREATHS.....	625

TOTAL CARRIED TO 990-EO PG 1 LINE 9.....	48,144
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STATEMENT #4 - INVESTMENT INCOME (990-EO PG 1 LINE 10)

BANK OF NEVADA INTEREST.....	140
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TOTAL CARRIED TO 990-EO PG 1 LINE 10.....	140
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STATEMENT #5 - OTHER REVENUE (990-EO PG 1 LINE 11)

BOOK BAGS.....	3,150
BOOK SALES.....	41,574
AMAZON SALES.....	656,227
BOOK STORES.....	44,257
USB KEYS.....	440

2013 DETAIL STATEMENTSFRIENDS OF THE HENDERSON LIBRA
88-0463771

PAGE 2

MEMBERSHIP.....	2,745
INTEREST INCOME.....	127
INTEREST CD.....	14

TOTAL CARRIED TO 990-EO PG 1 LINE 11.....	748,534
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STATEMENT #6 - OTHER EXPENSES (990-EO PG 1 LINE 17)

ACCOUNTING FEES.....	670
BOOK BAGS COST.....	3,036
BANK SERVICE CHARGES.....	10
PAY PAL FEES.....	52
C/C PROCESSING FEES.....	961
DONATIONS TO HDPL.....	124,089
PASS THRU DONATION EXPENSE.....	4,585
FUNDRAISERS.....	573
AREA DESIGN.....	77
BASKETS.....	563
GALA RECEPTION.....	7,267
BOUTIQUE ITEMS.....	240
WINE GLASSES.....	1,500
WREATHES.....	161
GIFT CERTIFICATES REDEEMED.....	166
INSURANCE.....	1,353
LICENSE AND FEES.....	75
MISC EXPENSES.....	4,794
OFFICE SUPPLIES.....	523
POSTAGE AND SHIPPING.....	937
STAMPS .COM.....	150
TRAVEL.....	170
PASS THRU DONATION EXPENSE.....	63,955

TOTAL CARRIED TO 990-EO PG 1 LINE 17.....	215,907
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STATEMENT #7 - INVESTMENT INCOME (990-EZ PG 1 LINE 4)

INTEREST INCOME.....	127
INTEREST CD.....	14

TOTAL CARRIED TO 990-EZ PG 1 LINE 4.....	141
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STATEMENT #8 - GROSS AMT FROM SALES OF ASSETS (990-EZ PG 1 LINE 5A)

BOOK BAGS.....	3,150
BOOK SALES.....	41,573
AMAZON SALES.....	51,571
USB KEYS.....	440

2013 DETAIL STATEMENTSFRIENDS OF THE HENDERSON LIBRA
88-0463771

PAGE 3

BOOK STORES.....	44,257
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TOTAL CARRIED TO 990-EZ PG 1 LINE 5A.....	140,991
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STATEMENT #9 - LESS: COST OR OTHER BASIS (990-EZ PG 1 LINE 5B)

BOOK BAG EXPENSES.....	3,036
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TOTAL CARRIED TO 990-EZ PG 1 LINE 5B.....	3,036
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STATEMENT #10 - GROSS INCOME FROM FUNDRAISING (990-EZ PG 1 LINE 6B)

BASKETS.....	18,766
CASH & CARRY.....	1,155
COOKBOOKS.....	15
TWO GIFTS IN ONE.....	720
TABLE TREE.....	450
BOOK BUNDLES.....	1,311
HOSTESS GIFTS.....	1,153
EVENT SPONSERS.....	576
PLEDGES.....	6,439
CHANCE DRAWING.....	1,907
GALA RECEPTION.....	8,820
BOUTIQUE ITEMS MISC.....	915
WINE GLASSES.....	890
TREE SPONSERS.....	4,400
WREATHS.....	625

TOTAL CARRIED TO 990-EZ PG 1 LINE 6B.....	48,142
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STATEMENT #11 - DIRECT EXPENSES FROM GAMING (990-EZ PG 1 LINE 6C)

TREES.....	573
AREA DESIGN.....	77
BASKETS.....	563
GALA RECEPTION.....	7,267
BOUTIQUE ITEMS.....	240
WINE GLASSES.....	1,500
WREATHES.....	161
GIFT CERTIFICATES REDEEMED.....	166
INSURANCE.....	1,353
LISCENSE AND FEES.....	75
MISC EXPENSES.....	4,794
OFFICE SUPPLIES.....	524
POSTAGE AND SHIPPING.....	937
STAMPS .COM.....	150

2013 DETAIL STATEMENTSFRIENDS OF THE HENDERSON LIBRA
88-0463771

PAGE 4

TOTAL CARRIED TO 990-EZ PG 1 LINE 6C..... 18,380

STATEMENT #12 - BEGINNING OF YEAR - CASH (990-EZ PG 1 LINE 22A)

FRIENDS OF HENDERSON LIBRARY.....	61,347
FOL MONEY MARKET.....	2,318
CD BANK OF NEVADA.....	5,471
PAY PAL ACCOUNT.....	598
CASH ON HAND.....	58

TOTAL CARRIED TO 990-EZ PG 1 LINE 22A..... 69,792

STATEMENT #13 - END OF YEAR - CASH (990-EZ PG 1 LINE 22B)

FRIENDS OF HENDERSON LIBRARY.....	61,347
FOL MONEY MARKET.....	2,318
CD BANK OF NEVADA.....	5,471
PAY PAL ACCOUNT.....	598
CASH ON HAND.....	58

TOTAL CARRIED TO 990-EZ PG 1 LINE 22B..... 69,792

STATEMENT #14 - TOTAL LIABILITIES BEG YR (EOEZ PG 2 LINE 26A)

OPENING BALANCE EQUITY.....	65,863
UNRESTRICTED NET ASSETS.....	40,012
NET INCOME.....	-36,083

TOTAL CARRIED TO EOEZ PG 2 LINE 26A..... 69,792

STATEMENT #15 - TOTAL LIABILITIES END YR (EOEZ PG 2 LINE 26B)

OPENING BALANCE EQUITY.....	65,863
UNRESTRICTED NET ASSETS.....	40,012
NET INCOME.....	-36,083

TOTAL CARRIED TO EOEZ PG 2 LINE 26B..... 69,792

FRIENDS OF THE HENDERSON DISTRICT PUBLIC LIBRARIES

No.

C5189-2000

Page 2

NAME

JULIE BUCKLEY

TITLE

DIRECTOR

ADDRESS

2810 LA MESA DRIVE

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St

NV

Zip

89014

NAME

ROBERT COLLINS

TITLE

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