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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 private foundations)

OMB No. 1545-1150

2013

► 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.

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning		, 2013, 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		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 Room/ suite 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
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____				F Group Exemption Number ►
I Website: ► WWW.HDPLFRIENDS.ORG				H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
J Tax-exempt status (check only one) -- <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				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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	1 5,386
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 2,745
	4 Investment income	4 141
	5a Gross amount from sale of assets other than inventory	5a 140,991
	b Less: cost or other basis and sales expenses	5b 3,036
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 137,955
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	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)	6b 48,142
	c Less: direct expenses from gaming and fundraising events	6c 18,380
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 29,762
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 175,989
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16
	17 Total expenses. Add lines 10 through 16	17 0
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 175,989
	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)	19
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 175,989

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	33	X
34	34	X
35a	35a	X
35b	35b	X
35c	35c	X
36	36	X
37a	37a	
37b	37b	X
38a	38a	X
39	39a	
	39b	
40a	38b	
b	40b	X
c	40c	
d	40d	
e	40e	X
41	List the states with which a copy of this return is filed ► <u>NONE</u>	
42a	The organization's books are in care of ► <u>SEE ATTACHMENT #3</u>	Telephone no ► <u></u>
	Located at ► <u></u>	ZIP + 4 ► <u></u>
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)? <input type="checkbox"/>	
"	If "Yes," enter the name of the foreign country. ► <u></u>	
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.? <input type="checkbox"/>	
	If "Yes," enter the name of the foreign country. ► <u></u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <u>43</u>	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <input type="checkbox"/>	
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 <input type="checkbox"/>	
c	Did the organization receive any payments for indoor tanning services during the year? <input type="checkbox"/>	
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. <input type="checkbox"/> N/A	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? <input type="checkbox"/>	
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) <input type="checkbox"/>	

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

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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

b If "Yes," was the related organization a section 527 organization?

49b		X
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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	(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 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>	<i>5/26/2014</i>
	Signature of officer	Date
	ALEXANDRA COSTA	TREASURER

Paid Preparer Use Only	Print/Type preparer's name GEORGIA LAWRENCE	Preparer's signature <i>Georgia Lawrence</i>	Date 4/18/2014	Check <input type="checkbox"/> if self-employed	PTIN P00095010
	Firm's name ► HRB TAX GROUP INC			Firm's EIN ► 431871840	
	Firm's address ► 806 BUCHANAN			Phone no. 702-294-0648	

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
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

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



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-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?

	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 monetary 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) 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						
	112,621	1,206,463		323,105	195,939	1,838,128
c Add lines 10a and 10b.						
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)						
	217,782	1,327,328		444,050	392,018	2,381,178
13 Total support. (Add lines 9, 10c, 11, and 12.)						
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.						

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

2013Open 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
<i>See attached list</i>		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 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 STATEMENTS

FRIENDS 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

STATEMENT #2 - CONTRIBUTIONS AND GRANTS (990-EO PG 1 LINE 8)

DONATION INCOME.....	5,386
 TOTAL CARRIED TO 990-EO PG 1 LINE 8.....	5,386

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

STATEMENT #4 - INVESTMENT INCOME (990-EO PG 1 LINE 10)

BANK OF NEVADA INTEREST.....	140
 TOTAL CARRIED TO 990-EO PG 1 LINE 10.....	140

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 STATEMENTS

FRIENDS 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

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

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

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 STATEMENTS

FRIENDS OF THE HENDERSON LIBRA
88-0463771

PAGE 3

BOOK STORES..... 44,257

TOTAL CARRIED TO 990-EZ PG 1 LINE 5A..... 140,991

STATEMENT #9 - LESS: COST OR OTHER BASIS (990-EZ PG 1 LINE 5B)

BOOK BAG EXPENSES..... 3,036

TOTAL CARRIED TO 990-EZ PG 1 LINE 5B..... 3,036

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

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
LICENSE AND FEES.....	75
MISC EXPENSES.....	4,794
OFFICE SUPPLIES.....	524
POSTAGE AND SHIPPING.....	937
STAMPS .COM.....	150

2013 DETAIL STATEMENTS

FRIENDS 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. CS189-2000 Page 2

NAME			
JULIE BUCKLEY	TITLE		
ADDRESS	CITY	St	Zip
2810 LA MESA DRIVE	HENDERSON	NV	89014
NAME			
ROBERT COLLINS	TITLE		
ADDRESS	CITY	St	Zip
1842 WINTER PARK ST.	HENDERSON	NV	89052
NAME			
PAULA PETRUSO	TITLE		
ADDRESS	CITY	St	Zip
2771 TENTSMUIR PLACE	HENDERSON	NV	89014
NAME			
DONNA ISRAELSON	TITLE		
ADDRESS	CITY	St	Zip
2675 WINDMILL LN., #2212	HENDERSON	NV	89074
NAME			
JEAN PINCKARD	TITLE		
ADDRESS	CITY	St	Zip
2568 ORANGEGLORY DRIVE	HENDERSON	NV	89052
NAME			
ADDRESS	CITY	St	Zip
NAME			
ADDRESS	CITY	St	Zip