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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No. 1545-1150

2014

Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning

, 2014, and ending

, 20

B Check if applicable	C Name of organization FRIENDS OF THE HENDERSON LIBRARIES			D Employer identification number 88-0463771	
Address change	Number & street (or P O. box, if mail is not delivered to street addr.) 280 S GREEN VALLEY PKWY			Room/ suite	E Telephone number (702) 492-6592
Name change					
Initial return					
Final return/terminated					
Amended return					
Application pending	City or town, state or province, country, and ZIP or foreign postal code HENDERSON NV 89012				F Group Exemption Number ►
G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	H Check ► <input checked="" type="checkbox"/> 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) --	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c))	◀ (insert no.)	4947(a)(1) or	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				► \$	222,760

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 60,799
	2 Program service revenue including government fees and contracts	2 49,783
	3 Membership dues and assessments	3
	4 Investment income	4 142
	5a Gross amount from sale of assets other than inventory	5a 64,596
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 64,596
	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
	c Less: direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	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 47,440
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 222,760
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)	16 206,260
	17 Total expenses. Add lines 10 through 16	17 206,260
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 16,500
	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 87,373
	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	21 103,873

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

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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	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.	39a	
a Initiation fees and capital contributions included on line 9	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 ► _____	40b	X
b Section 501(c)(3) and 501(c)(4), and 501(c)(29) 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		
c Section 501(c)(3) and 501(c)(4), and 501(c)(29) 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), and 501(c)(29) 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 #1 Telephone no. ► _____ Located at ► _____	42b	X
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)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? 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. ► <input type="checkbox"/> 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	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
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
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."

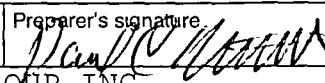
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 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	Signature of officer ALEXANDRA COSTA	7/30/2015		
		Date	TREASURER	
Type or print name and title				

Paid Preparer Use Only	Print/Type preparer's name DANIEL WATKINS	Preparer's signature 	Date 7-30-15	Check <input type="checkbox"/> if self-employed	PTIN P00106268
	Firm's name ► HRB TAX GROUP INC			Firm's EIN ► 431871840	
	Firm's address ► 2801 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)

Department of the Treasury
Internal Revenue Service

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.

► 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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

FRRIENDS 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f and 11g.
 - a **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B**.
 - b **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C**.
 - c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D and E**.
 - d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D and Part V**.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,765		4,385	8,131	4,868	22,149
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	115,881		115,582	187,808	118,566	537,837
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	120,646		119,967	195,939	123,434	559,986
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.)						559,986

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	120,646		119,967	195,939	123,434	559,986
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
1,206,463		323,105	195,939	222,760	1,948,267	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,206,463		323,105	195,939	16,500	1,742,007
c Add lines 10a and 10b	2,412,926		646,210	391,878	239,260	3,690,274
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	219		978	140	142	1,479
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,327,328		444,050	392,018	341,468	2,504,864
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,861,119		1,211,205	979,975	704,304	6,756,603

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 2014 (line 8, column (f) divided by line 13, column (f))	15	8.28 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	54.62 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests -- 2014. 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 -- 2013. 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 O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

FRIENDS OF THE HENDERSON LIBRARIES
PASS THRU DONATION EXPENSE 4585 -

Employer identification number
88-0463771

PASS THRU DONATION EXPENSES 63956 -

OTHER EXPENSES ACCOUNTON FEES -

BANK SERVICES FEES 10 -

PAYPAL FEES 52 -

DONSTION TO HENDERSON PUBLIC LIBRARIES TRAVEL 171 -

2014 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 1 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC

INSPECTION

For calendar year 2014, 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

2014 DETAIL STATEMENTS

FRIENDS OF THE HENDERSON LIBRA
880463771

PAGE 1

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

PASS THRU DONATION.....	3,000
GENERAL DONATION.....	580
GRANTS AND AWARDS.....	200
AMAZON SALES.....	56,571
USB KEYS.....	448
 TOTAL CARRIED TO EZ1 LINE 1.....	60,799

STATEMENT #2 - PROG. SERVICE REVENUE (990-EZ PG 1 LINE 2)

AUCTION TREES.....	3,600
BASKETS.....	20,811
CASH AND CARRY.....	1,065
SCARVES.....	115
TWO GIFTS IN ONE.....	400
TABLE TOP TREE.....	445
TREE SKIRTS.....	60
BOOK BUNDLES.....	1,444
HOSTESS GIFTS.....	1,217
EVENT SPONSORS.....	535
PLEDGES.....	6,724
CHANCE DRAWING.....	2,387
BOUTIQUE ITEMS MISC.....	70
WINE GLASSES.....	90
WREATHA.....	775
GALA RECEPTION.....	10,045
 TOTAL CARRIED TO 990-EZ PG 1 LINE 2.....	49,783

STATEMENT #3 - INVESTMENT INCOME (990-EZ PG 1 LINE 4)

INTEREST INCOME.....	128
INTEREST CD.....	14
 TOTAL CARRIED TO 990-EZ PG 1 LINE 4.....	142

STATEMENT #4 - OTHER REVENUE (990-EZ PG 1 LINE 8)

BOOK BAGS.....	2,234
FRIENDS BOOKBAGS.....	958
MENBERSHIP.....	1,660
BOOK SALES GIBSON.....	3,393
BOOK SALES PASEO VERDE.....	27,483
BOOK SALES GREEN VALLEY.....	6,844
MISC INCOME.....	4,868

2014 DETAIL STATEMENTS

FRIENDS OF THE HENDERSON LIBRA
880463771

PAGE 2

TOTAL CARRIED TO 990-EZ PG 1 LINE 8..... 47,440

STATEMENT #5 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

ACCOUNTING FEES.....	300
BANK SERVICE CHARGES.....	20
PAYPAL FEES.....	47
C/C PROCESSING FEES.....	1,275
DONATIONS TO HDPL.....	98,660
PASS THRU DONATION EXP.....	3,500
FUNDRAISERS.....	9,795
GIFT CERTIFICES REDEEMED.....	407
GIFT EXPENSES.....	35
INSURANCE.....	1,407
LICENSE AND FEES.....	75
MEMBERSHIP EXPENSES.....	290
OFFICE SUPPLIES.....	886
POSTAGE AND SHIPPING.....	795
STAMPS.COM MONTHLY FEE.....	210
MISC EXPENSE.....	864
PASS THRU DONATIONQ.....	87,694

TOTAL CARRIED TO EOEZ PG 1 LINE 16..... 206,260

STATEMENT #6 - ACREAGE HELD AT END OF YEAR (990-EZ PG 1 LINE 2B)

BOOKSTORE GREEN VALLEY.....	11,797
BOOKSTORE GIBSON.....	24,510
BOOKSTORE PASEO VERDE.....	27,672
BOOKSTORE HERITAGE PARK.....	617

TOTAL CARRIED TO 990-EZ PG 1 LINE 2B..... 64,596
