California Diagnostics

Critical Messages

☐ Schedule L, End of year, Total Assets does not equal Total Liab & Net Worth; If necessary, adjust data entry on federal Screen Bal or Bal-2

Electronic Filing

None

Informational Messages

☐ Form 199 is marked to be filed electronically

Missing Data

	Prior Year Data
California Electronic Filing	
☐ Suppress CA ELF	X

Form 199 Return Summary

For calendar year 2021, or tax year beginning , and ending

23-7437087

FRIENDS OF THE ALAMEDA FREE LIBRARY

Gross sales / receipts	230,055	
Dues from members		
Contributions / grants	103,831	
Total costs		
Expenses	119,368	
Excess / (deficit)		214,518
Total payments		
Penalties and interest		
Use tax		
Balance due		
Refund		

Balance Sheet

	Beginning	Ending	Differences
Assets	2,114,221	2,420,645	
Liabilities			
Net assets	2,114,221	2,420,645	306,424

Miscellaneous Information

Amended return

Return / extended due date 05/16/22

STATE OF CALIFORNIA
RRF-1
(Rev. 02/2021)

DEPARTMENT OF JUSTICE

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

FRIENDS OF THE ALAMEDA FREE LIBRARY
Name of Organization

List all DBAs and names the organization uses or has used

PO BOX 1024
Address (Number and Street)

ALAMEDA CA 94501
City or Town, State, and ZIP Code

Telephone Number

SAM_JOSEPHINE@YAHOO.COM
E-mail Address

Check if:
☐ Change of address
☐ Amended report

State Charity Registration Number

Corporation or Organization No. **0733159**

Federal Employer ID No. **23-7437087**

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 million	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning **01/01/21** ending **12/31/21**) list:

Total Revenue $ (including noncash contributions) **331,779** Noncash Contributions $ **0** Total Assets $ **2,420,645**

Program Expenses $ **33,604** Total Expenses $ **117,261**

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signature of Authorized Agent	Printed Name	Title	Date
	JOSEPHINE SAM	**TREASURER**	

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2021**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name: **FRIENDS OF THE ALAMEDA FREE LIBRARY**

Identifying number: **23-7437087**

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	333,886
2	Total gross income (Form 199, line 8)	333,886
3	Total expenses and disbursements (Form 199, line 9)	119,368

Part II Settle Your Account Electronically for Taxable Year 2021

4 ☐ Electronic funds withdrawal **4a** Amount _____ **4b** Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____

6 Account number _____ 7 Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part ll, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here u _____ (Signature of officer) 03/01/22 (Date) u **TREASURER** (Title)

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature u **LARS G. HANSSON** | Date | Check if also paid preparer ☒ | Check if self-employed ☒ | ERO's PTIN **P01269989**

Firm's name (or yours if self-employed) and address u **LARS G HANSSON C.P.A.**
2159 CENTRAL AVENUE
ALAMEDA CA

Firm's FEIN **94-2630341**

ZIP code **94501**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature u | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address u

Firm's FEIN

ZIP code

TAXABLE YEAR **2021**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____ , and ending (mm/dd/yyyy) _____ .

Corporation/Organization name	California corporation number
FRIENDS OF THE ALAMEDA FREE LIBRARY	**0733159**
Additional information. See instructions.	FEIN **23-7437087**
Street address (suite or room) **PO BOX 1024**	PMB no.
City **ALAMEDA**	State **CA** / Zip code **94501**
Foreign country name / Foreign province/state/county / Foreign postal code	

A First return ..... ☐ Yes ☒ No
B Amended return ..... I ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust ..... ☐ Yes ☒ No
D Final information return?
I ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) I _____
E Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other
F Federal return filed? (1) I ☐ 990T (2) I ☐ 990PF (3) I ☐ Sch H (990)
(4) ☐ Other 990 series
G Is this a group filing? See instructions ..... I ☐ Yes ☒ No
H Is this organization in a group exemption ..... ☐ Yes ☒ No
If "Yes," what is the parent's name?
_____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ..... I ☐ Yes ☒ No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. **N/A** I ☐ Yes ☐ No
K Is the organization exempt under R&TC Section 23701g? ... I ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources ..... $ _____
L Is the organization a limited liability company? ... I ☐ Yes ☒ No
M Did the organization file Form 100 or Form 109 to report taxable income? ..... I ☐ Yes ☒ No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... I ☐ Yes ☒ No
O Is federal Form 1023/1024 pending? ..... ☐ Yes ☒ No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1		**230,055**00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3		**103,831**00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B	4		**333,886**00
	5 Cost of goods sold	5	00	
	6 Cost or other basis, and sales expenses of assets sold	6	00	
	7 Total costs. Add line 5 and line 6	7		00
	8 Total gross income. Subtract line 7 from line 4	8		**333,886**00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9		**119,368**00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10		**214,518**00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and interest. See General Information J	15		00
	16 **Balance due.** Add line 12, and line 15. Then subtract line 11 from the result	16		00

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer u	Title	Date	I Telephone
	TREASURER		

Paid Preparer's Use Only

Preparer's signature u	Date	Check if self-employed „	I PTIN
LARS G. HANSSON	**03/02/2022**	☒	**P01269989**

Firm's name (or yours, if self-employed) and address	I Firm's FEIN
u **LARS G HANSSON C.P.A.** **2159 CENTRAL AVENUE** **ALAMEDA, CA 94501**	**94-2630341** I Telephone **510-521-2343**

May the FTB discuss this return with the preparer shown above? See instructions ..... I ☐ Yes ☐ No

FRIENDS OF THE ALAMEDA FREE LIBRARY
23-7437087

Part II Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

	1 Gross sales or receipts from all business activities. See instructions	1		00
	2 Interest	2	8	00
Receipts	3 Dividends	3	39,986	00
from	4 Gross rents	4		00
Other	5 Gross royalties	5		00
Sources	6 Gross amount received from sale of assets (See instructions) SEE STATEMENT 1	6	43,240	00
	7 Other income. Attach schedule SEE STATEMENT 2	7	146,821	00
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	230,055	00
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
	10 Disbursements to or for members	10		00
	11 Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	11		00
	12 Other salaries and wages	12	43,535	00
Expenses	13 Interest	13		00
and	14 Taxes	14		00
Disburse-	15 Rents	15		00
ments	16 Depreciation and depletion (See instructions)	16		00
	17 Other expenses and disbursements. Attach schedule SEE STATEMENT 4	17	75,833	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	119,368	00

Schedule L Balance Sheet

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		110,083		132,138
2 Net accounts receivable				
3 Net notes receivable.				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 5		2,004,138		2,288,509
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule				
13 **Total assets**		2,114,221		2,420,647
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,114,221		2,420,645
22 **Total liabilities and net worth**		2,114,221		2,420,645

Schedule M-1 **Reconciliation of income per books with income per return**
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books	214,518	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax			
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year. Attach schedule		8 Deductions in this return not charged against book income this year. Attach schedule	
5 Expenses recorded on books this year not deducted in this return. Attach schedule		9 Total. Add line 7 and line 8	
6 Total. Add line 1 through line 5	214,518	10 Net income per return. Subtract line 9 from line 6	214,518

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

Description	How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
EDWARD JONES					$ 22,884	$	$	$
SCHWAB					20,356			
Total					$ 43,240	$ 0	$ 0	$ 0

Statement 2 - Form 199, Part II, Line 7 - Other Income

Description	Amount
CAFE	$
BOOK SALES	5,259
LIVE AT THE LIBRARY	
10TH ANNIVERSARY	
SPRING/FALL FUNDRAISING CAM	50,591
REALIZED GAIN - EDWARD JONES	21,001
REALIZED GAIN - SCHWAB	54,970
MISC INCOME - CA RELIEF GRANT	15,000
Total	$ 146,821

California Statements

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address	City	State	Zip	Title	Avg Hrs	Compensation Amount
KAREN BUTTER	229 OYSTER POND ROAD	ALAMEDA	CA	94502	PRESIDENT		
KUMAR FANSE	19 KILKENNY PLACE	ALAMEDA	CA	94502	V-PRESIDENT		
DAVID BEALL	2465 SHORELINE DR APT 205	ALAMEDA	CA	94501	SECRETARY		
JOSEPHINE SAM	128 OLDCASTLE LANE	ALAMEDA	CA	94502	TREASURER		
KAREN MANUEL	915 UNION STREET	ALAMEDA	CA	94501	DIRECTOR		
EILEEN SAVEL	46 KILKENNY PL	ALAMEDA	CA	94502	DIRECTOR		
BILLY REINSCHMIEDT	3034 WINDSOR DR	ALAMEDA	CA	94501	DIRECTOR		
CAROLE ROBIE	101 IRONWOOD RD	ALAMEDA	CA	94502	DIRECTOR		
MARLENE GRCEVICH	34 MOSS POINTE	ALAMEDA	CA	94502	DIRECTOR		
KAREN ROEMER	3518 SAVANA LANE	ALAMEDA	CA	94502	DIRECTOR		
HONORA MURPHY	1321 CROWN DR	ALAMEDA	CA	94501	DIRECTOR		
WILLIAM GIBBS					DIRECTOR		
MARCIE SOSLAU	2531 WEBB AVENUE	ALAMEDA	CA	94501	DIRECTOR		
DORIS UNG	3001 MADISON STREET	ALAMEDA	CA	94501	DIRECTOR		
JANE CHISAKI	1550 OAK STREET	ALAMEDA	CA	94501	EX OFFICIO, DIRECTOR		
BECKY CYR	2110 SANTA CLARA AVE # 307	ALAMEDA	CA	94501	DIRECTOR		

California Statements

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation (continued)

Name	Address	City	State	Zip	Title	Avg Hrs	Compensation Amount
Total							0

Statement 4 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
	$
CAFE	
	-61
CAFE EXPENSES	
BOOK SALES	
	2,168
BOYS & GIRLS PROGRAMS	1,854
ADULT & TEEN PROGRAMS	6,571
ALAMEDA READS	3,560
ART PROGRAMS	
OTHER	21,019
DOCENT	600
OHTER - FAL EXPENSE	
DUES	175
BANK CHARGES	329
OTHER TAXES & LICENSES	226
MISC EXP	3,432
Other Employee Benefits	189
Payroll Taxes	3,575
Accounting	7,430
Investment Management	11,763
OFFICE SUPPLIES EXP	10,749
POSTAGE	607
Insurance	1,647
Total	$ 75,833

Statement 5 - Form 199, Schedule L, Line 7 - Investments in Stock

Description	Beginning of Year	End of Year
EDWARD JONES	$ 417,994	$ 581,260
CHARLES SCHWAB	1,586,144	1,707,249
Total	$ 2,004,138	$ 2,288,509