

Form 199 Return Summary

For calendar year 2022, or tax year beginning , and ending

23-7437087

FRIENDS OF THE ALAMEDA FREE LIBRARY

Gross sales / receipts	<u>156,843</u>	
Dues from members		
Contributions / grants	<u>51,183</u>	
Total costs		
Expenses	<u>143,159</u>	
Excess / (deficit)		<u>64,867</u>
Total payments		
Penalties and interest		
Use tax		
Balance due		
Refund		

Balance Sheet		
	Beginning	Ending
Assets	<u>2,420,645</u>	<u>2,084,947</u>
Liabilities		
Net assets	<u>2,420,645</u>	<u>2,084,947</u>
		<u>-335,698</u>

Miscellaneous Information

Amended return
Return / extended due date 05/15/23

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

SAMJOSEPHINE12@GMAIL.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 **01/01/22** ending **12/31/22**) list:

Total Revenue \$ (including noncash contributions) **186,382** Noncash Contributions \$ **5,029** Total Assets \$ **2,084,947**
Program Expenses \$ **43,724** Total Expenses \$ **121,515**

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.

JOSEPHINE SAM**TREASURER**

Signature of Authorized Agent

Printed Name

Title

Date

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2022**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)	1	208,026
2 Total gross income (Form 199, line 8)	2	208,026
3 Total expenses and disbursements (Form 199, line 9)	3	143,159

Part II Settle Your Account Electronically for Taxable Year 2022

4 ☐ Electronic funds withdrawal	4a Amount _____	4b Withdrawal date (mm/dd/yyyy) _____
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Part III Banking Information (Have you verified the exempt organization's banking information?)

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

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, 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 2022 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**

Signature of officer

02/23/23

Date

**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, 2022 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**LARS G. HANSSON**

Date

Check if
also paid
preparerCheck
if self-
employed

ERO's PTIN

P01269989Firm's name (or yours
if self-employed)
and address**LARS G HANSSON, CPA
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

Date

Check
if self-
employed

Paid preparer's PTIN

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

Firm's FEIN

ZIP code

TAXABLE YEAR

2022

California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name

FRIENDS OF THE ALAMEDA FREE LIBRARY

California corporation number

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/country

Foreign postal code

A First return	☐ Yes ☒ No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions.	☐ Yes ☒ No
B Amended return	☐ Yes ☒ No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.	☐ Yes ☒ No
C IRC Section 4947(a)(1) trust	☐ Yes ☒ No	K Is the organization exempt under R&TC Section 23701g?	☐ Yes ☒ No
D Final information return?		If "Yes," enter the gross receipts from nonmember sources	\$
☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized Enter date: (mm/dd/yyyy)		L Is the organization a limited liability company?	☐ Yes ☒ No
E Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other		M Did the organization file Form 100 or Form 109 to report taxable income?	☐ Yes ☒ No
F Federal return filed? (1) ☐ 990T (2) ☐ 990PF (3) ☐ Sch H (990) (4) ☐ Other 990 series		N Is the organization under audit by the IRS or has the IRS audited in a prior year?	☐ Yes ☒ No
G Is this a group filing? See instructions	☐ Yes ☒ No	O Is federal Form 1023/1024 pending?	☐ Yes ☒ No
H Is this organization in a group exemption If "Yes," what is the parent's name?	☐ 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	156,843	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	51,183	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	208,026	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	208,026	00	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	143,159	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	64,867	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.			
Paid Preparer's Use Only	Signature of officer	Title	Date	Telephone
	LARS G. HANSSON	TREASURER	02/28/2023	
	Preparer's signature	Firm's name (or yours, if self-employed) and address	Check if self-employed	PTIN
		LARS G HANSSON, CPA 2159 CENTRAL AVENUE ALAMEDA, CA 94501	☒	P01269989
			Firm's FEIN	Telephone
			94-2630341	510-521-2343
	May the FTB discuss this return with the preparer shown above? See instructions			
			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.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	•	1		00
	2 Interest	•	2	476	00
	3 Dividends	•	3	43,906	00
	4 Gross rents	•	4		00
	5 Gross royalties	•	5		00
	6 Gross amount received from sale of assets (See instructions) SEE STATEMENT 1	•	6	14,655	00
	7 Other income. Attach schedule SEE STATEMENT 2	•	7	97,806	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	156,843	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	35,620	00
	13 Interest	•	13		00
	14 Taxes	•	14		00
	15 Rents	•	15		00
	16 Depreciation and depletion (See instructions)	•	16		00
	17 Other expenses and disbursements. Attach schedule SEE STATEMENT 4	•	17	107,539	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	143,159	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1 Cash			132,136	•	175,635
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			2,288,509	•	1,909,316
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			2,420,645		2,084,951
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			2,420,645	•	2,084,947
22 Total liabilities and net worth			2,420,645		2,084,947

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	•	64,867	7 Income recorded on books this year not included in this return. Attach schedule	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return.		
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		Subtract line 9 from line 6		64,867
6 Total. Add line 1 through line 5		64,867			

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

<u>Description</u>								
<u>How</u>	<u>Whom</u>	<u>Date</u>	<u>Date</u>	<u>Gross</u>	<u>Cost &</u>		<u>Net</u>	
<u>Received</u>	<u>Sold To</u>	<u>Acquired</u>	<u>Sold</u>	<u>Proceeds</u>	<u>Expense</u>	<u>Depr</u>	<u>Basis</u>	
EDWARD JONES				\$ 8,929	\$	\$	\$	
SCHWAB				5,726				
Total				\$ 14,655	\$ 0	\$ 0	\$ 0	

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

<u>Description</u>	<u>Amount</u>
CAFE	\$ 951
BOOK SALES	43,528
LIVE AT THE LIBRARY	
10TH ANNIVERSARY	
SPRING/FALL FUNDRAISING CAM	78,074
REALIZED GAIN/LOSS	-24,747
Total	<u>\$ 97,806</u>

23-7437087

California Statements

FYE: 12/31/2022

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

Name	Address		Avg Hrs	Compensation Amount
City	State Zip	Title		
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		
SUSAN SCHONBERG		DIRECTOR		

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

Name		Address		Title	Avg Hrs	Compensation Amount
City	State	Zip				
CYNTHIA SILVA				DIRECTOR		
CATHY PELOQUIN				DIRECTOR		
Total						<u>0</u>

23-7437087

California Statements

FYE: 12/31/2022

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

Description	Amount
	\$
CAFE	
CAFE EXPENSES	89
BOOK SALES	
	13,184
SPRING/FALL FUNDRAISING CAM	
	8,371
BOYS & GIRLS PROGRAMS	9,987
ADULT & TEEN PROGRAMS	7,462
ALAMEDA READS	3,077
LIBRARY SUBSCRIPTION	1,198
OTHER - LIB PROGRAM	20,350
DOCENT	1,550
OTHER - FAL EXPENSE	100
DUES	50
BANK CHARGES	32
OTHER TAXES & LICENSES	1,131
MISC EXP	1,574
OFFICE SUPPLIES EXP	14,363
POSTAGE	650
Other Employee Benefits	111
Payroll Taxes	4,298
Accounting	6,630
Insurance	2,787
Investment Management	10,545
Total	\$ 107,539

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

Description	Beginning of Year	End of Year
EDWARD JONES	\$ 581,260	\$ 494,753
CHARLES SCHWAB	1,707,249	1,414,563
Total	\$ 2,288,509	\$ 1,909,316