

Form 199 Return Summary

For calendar year 2024, or tax year beginning _____, and ending _____

23-7437087

FRIENDS OF THE ALAMEDA FREE LIBRARY

Gross sales / receipts	<u>191,529</u>	
Dues from members		
Contributions / grants	<u>124,062</u>	
Total costs		
Expenses	<u>296,921</u>	
Excess / (deficit)		<u><u>18,670</u></u>
Total payments		
Penalties and interest		
Use tax		
Balance due		_____
Refund		<u>_____</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>2,663,454</u>	<u>2,849,747</u>	
Liabilities	<u>605</u>	<u>576</u>	
Net assets	<u><u>2,662,849</u></u>	<u><u>2,849,171</u></u>	<u><u>186,322</u></u>

Miscellaneous Information
 Amended return
 Return / extended due date 11/17/25

MAIL TO:
 Registry of Charities and Fundraisers
 P.O. Box 903447
 Sacramento, CA 94203-4470

STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814

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 301-307, and 310**

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)

<p>FRIENDS OF THE ALAMEDA FREE LIBRARY Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used PO BOX 1024</p> <p>Address (Number and Street) ALAMEDA CA 94501 City or Town, State, and ZIP Code</p> <hr/> <p>Telephone Number VENTURINIK@ALAMEDAFRIENDS.COM</p> <p>E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <hr/> <p>State Charity Registration Number _____</p> <p>Corporation or Organization No. 0733159</p> <p>Federal Employer ID No. 23-7437087</p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)

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 01/01/24 ending 12/31/24) list:

Total Revenue \$ 269,591 Noncash Contributions \$ 0 **Total Assets \$** 2,849,747
 (including noncash contributions)

Program Expenses \$ 88,516 **Total Expenses \$** 250,921

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	KRIS VENTURINI Printed Name	_____ Title	_____ Date
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034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2024

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 or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	315,591
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	315,591
3	Refund (Form 109, line 26)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	

Part II Settle Your Account Electronically for Taxable Year 2024

5 Direct deposit of refund (Form 109 only.)

6 Electronic funds withdrawal 6a Amount _____ 6b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

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



9 Routing number _____

10 Account number _____ 11 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

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 2024 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 tax liability, the exempt organization will remain liable for the tax 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 or the date when the refund was sent.**


Sign Here  08/13/25  **TREASURER**


Signature of officer Date Title

Part VI 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, 2024 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 preparer Check if self-employed ERO's PTIN **P01269989**

Firm's name (or yours if self-employed) and address  **LARS G HANSSON, CPA**
2159 CENTRAL AVENUE
ALAMEDA CA Firm's FEIN _____ 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 **2024** California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2024 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
FEIN: 23-7437087
Street address: PO BOX 1024
City: ALAMEDA
State: CA
ZIP code: 94501

A First return [X] Yes [] No
B Amended return [] Yes [X] No
C IRC Section 4947(a)(1) trust [] Yes [X] No
D Final information return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized
E Check accounting method: (1) [X] Cash (2) [] Accrual (3) [] Other
F Federal return filed? (1) [] 990T (2) [] 990PF (3) [] Sch H (990) (4) [] Other 990 series
G Is this a group filing? [] Yes [X] No
H Is this organization in a group exemption? [] Yes [X] No
I Did the organization have any changes to its guidelines not reported to the FTB? [] Yes [X] No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? [] Yes [] No N/A
K Is the organization exempt under R&TC Section 23701g? [] Yes [X] No
L Is the organization a limited liability company? [] Yes [X] No
M Did the organization file Form 100 or Form 109 to report taxable income? [] Yes [X] No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No
O Is federal Form 1023/1024 pending? [] Yes [X] No

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

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (Total 315,591), Expenses (Total 296,921), and Payments (Total 18,670). Balance due is 16,670.

Sign Here: Signature of officer LARS G. HANSSON, Title TREASURER, Date 08/18/2025, Telephone 510-521-2343
Paid Preparer's Use Only: Preparer's signature LARS G. HANSSON, Date 08/18/2025, Firm's name LARS G HANSSON, CPA, Address 2159 CENTRAL AVENUE, ALAMEDA, CA 94501, Telephone 510-521-2343

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	4,523	00	
	3	Dividends	•	3	63,552	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	40,580	00	
	7	Other income. Attach schedule SEE STATEMENT 2	•	7	82,874	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	191,529	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	94,419	00	
	Expenses and Disbursements	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	202,502	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	296,921	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		251,376	•	190,280
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		2,412,078	•	2,659,467
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		2,663,454		2,849,747
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 STMT 6		605		576
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		2,662,849	•	2,849,171
22 Total liabilities and net worth		2,663,454		2,849,747

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	•	18,670	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. Subtract line 9 from line 6		18,670
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5		18,670				

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

<u>Description</u>		<u>Date</u>	<u>Date</u>	<u>Gross</u>	<u>Cost &</u>	<u>Depr</u>	<u>Net</u>
<u>How</u>	<u>Whom</u>	<u>Acquired</u>	<u>Sold</u>	<u>Proceeds</u>	<u>Expense</u>		<u>Basis</u>
<u>Received</u>	<u>Sold To</u>						
EDWARD JONES				\$ 39,403	\$	\$	\$
SCHWAB				1,177			
Total				<u>\$ 40,580</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

23-7437087

California Statements

FYE: 12/31/2024

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

<u>Description</u>	<u>Amount</u>
CAFE	\$ 37,857
BOOK SALES	47,324
LIVE AT THE LIBRARY	
10TH ANNIVERSARY	
SPRING/FALL FUNDRAISING CAM	
ANNUAL APPEAL CAMPAIGN	
REALIZED GAIN/LOSS	<u>-2,307</u>
Total	\$ <u><u>82,874</u></u>

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

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
KAREN BUTTER	ALAMEDA	229	OYSTER POND ROAD	CA 94502	PRESIDENT		
CAROL ROBIE	ALAMEDA	1102	IRONWOOD DR	CA 94502	V-PRESIDENT		
RENESHA ROBINSON	PALMER	1361	BALLENA BLVD APT B	CA 94501	SECRETARY		
KRIS VENTURINI	ALAMEDA				TREASURER		
ANDRE FAIRLEY					DIRECTOR		
SERENA HOM	ALAMEDA	3121	BAYO VISTA AVE	CA 94501	DIRECTOR		
JOSH KURODA					DIRECTOR		
MARCIE SOSLAU JOHNSON					DIRECTOR		
JOANNE SCHNEIDER					DIRECTOR		
BHARAT PARIKH					DIRECTOR		
Total							0

23-7437087

California Statements

FYE: 12/31/2024

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

<u>Description</u>	<u>Amount</u>
	\$
CAFE	
CAFE EXPENSES	23,201
CAFE PROJECT	6,338
CAFE EXPENSES	
BOOK SALES	
	3,673
ANNUAL APPEAL CAMPAIGN	
	12,788
BOYS & GIRLS PROGRAMS	12,527
ADULT & TEEN PROGRAMS	14,506
ORAL HISTORY PROJECT	720
LIBRARY SUBSCRIPTION	499
OTHER - LIB PROGRAM	50,000
DOCENT	1,650
BRANCH PROGRAM	1,723
OTHER - FAL EXPENSE	6,891
DUES	125
BANK CHARGES	205
OTHER TAXES & LICENSES	10,222
MISC EXP (VOID CHECK)	2,637
OFFICE SUPPLIES EXP	14,565
Other Employee Benefits	195
Payroll Taxes	7,643
Accounting	10,520
Investment Management	11,786
COMMUNITY 5-YEAR CAMPAIGN	6,457
POSTAGE	528
Insurance	3,103
Total	<u>\$ 202,502</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
EDWARD JONES	\$ 837,589	\$ 919,770
CHARLES SCHWAB	1,574,489	1,739,697
Total	<u>\$ 2,412,078</u>	<u>\$ 2,659,467</u>

Statement 6 - Form 199, Schedule L, Line 18 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
GIFT CARD ISSUED	\$ 605	\$ 576
Total	<u>\$ 605</u>	<u>\$ 576</u>

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2024

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 or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2
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4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4

Part II Settle Your Account Electronically for Taxable Year 2024

5 Direct deposit of refund (Form 109 only.)

6 Electronic funds withdrawal 6a Amount _____ 6b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

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

9 Routing number _____

10 Account number _____ 11 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

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 2024 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 tax liability, the exempt organization will remain liable for the tax 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 or the date when the refund was sent.**

Sign Here Signature of officer _____ Date _____ Title **TREASURER**

Part VI 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, 2024 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 preparer Check if self-employed ERO's PTIN **P01269989**

Firm's name (or yours if self-employed) and address **LARS G HANSSON, CPA
2159 CENTRAL AVENUE
ALAMEDA CA** Firm's FEIN _____ 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 _____