

Form 199 Return Summary

For calendar year 2019, or tax year beginning _____, and ending _____

23-7437087

FRIENDS OF THE ALAMEDA FREE LIBRARY

Gross sales / receipts	<u>183,563</u>	
Dues from members		
Contributions / grants	<u>5,387</u>	
Total costs		
Expenses	<u>83,643</u>	
Excess / (deficit)		<u><u>105,307</u></u>
Filing fee	<u>10</u>	
Total payments		
Penalties and interest		
Use tax		
Balance due		<u>10</u>
Refund		<u><u> </u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>1,571,512</u>	<u>1,898,467</u>	
Liabilities			
Net assets	<u><u>1,571,512</u></u>	<u><u>1,898,467</u></u>	<u><u>326,955</u></u>

Miscellaneous Information

Amended return

Return / extended due date 05/15/20

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

(For Registry Use Only)

**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.

FRIENDS OF THE ALAMEDA FREE LIBRARY Name of Organization <hr/> 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 <hr/> Telephone Number SAM JOSEPHINE@YAHOO.COM E-mail Address	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report State Charity Registration Number _____ Corporation or Organization No. 0733159 Federal Employer ID No. 23-7437087
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/19 ending 12/31/19) list:
 Gross Annual Revenue \$ 157,880 Noncash Contributions \$ 0 Total Assets \$ 1,898,467
 Program Expenses \$ 27,289 Total Expenses \$ 52,573

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	WILLIAM DWIGHT GIBBS Printed Name	TREASURER Title	_____ Date
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TAXABLE YEAR **2019** **California Exempt Organization**
Annual Information Return

FORM **199**

Calendar Year 2019 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/county _____ Foreign postal code _____

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____
E Check accounting method: (1) 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? See instructions 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. Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. **N/A** Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. Yes No
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P 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	183,563	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	5,387	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	188,950	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	188,950	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	83,643	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	105,307	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 Filing fee \$10 or \$25. See General Information F	15	10	00
16 Penalties and Interest. See General Information J	16		00	
17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	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 TREASURER	Date	Telephone
Preparer's signature u LARS G. HANSSON	Date 12/30/2020	Check if self-employed <input checked="" type="checkbox"/>	PTIN P01269989
Firm's name (or yours, if self-employed) u LARS G HANSSON C.P.A.	Firm's FEIN 94-2630341		Telephone 510-521-2343
Address 2159 CENTRAL AVENUE ALAMEDA, CA 94501			

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	237	00	
	3 Dividends	•	3	42,987	00	
	4 Gross rents	•	4		00	
	5 Gross royalties	•	5		00	
	6 Gross amount received from sale of assets (See Instructions)	•	6	14,270	00	
	7 Other income. Attach schedule	•	7	126,069	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	183,563	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	•	11	SEE STATEMENT 3	00	
	12 Other salaries and wages	•	12		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	•	17	SEE STATEMENT 4	83,643	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	83,643	00	

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		62,297	•	113,526
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		1,509,215	•	1,784,942
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		1,571,512		1,898,468
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		1,571,512	•	1,898,467
22 Total liabilities and net worth		1,571,512		1,898,467

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	•	105,307	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		105,307
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5		105,307			

23-7437087

California Statements

FYE: 12/31/2019

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>						
Capital gain distributions				\$ 14,270	\$	\$	\$
Total				<u>\$ 14,270</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

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California Statements

FYE: 12/31/2019

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

<u>Description</u>	<u>Amount</u>
CAFE	\$ 17,766
BOOK SALES	43,366
LIVE AT THE LIBRARY	26,673
10TH ANNIVERSARY	
SPRING/FALL FUNDRAISING CAM	15,579
REALIZED GAIN ON INVESTMENTS	4,498
MISC INCOME	18,187
Total	\$ <u>126,069</u>

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California Statements

FYE: 12/31/2019

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		
WILLIAM DWIGHT GIBBS			202 BAYWOOD ROAD			
	ALAMEDA	CA	94502	TREASURER		
JANE CHISAKI			1550 OAK ST			
	ALAMEDA	CA	94501	AFL, DIRECTOR EX OFF		
KAREN MANUEL			915 UNION STREET			
	ALAMEDA	CA	94501	DIRECTOR		
EILEEN SAVEL			46 KILKENNY PL			
	ALAMEDA	CA	94502	DIRECTOR		
EILEEN BITTEN			115 PURCELL DR			
	ALAMEDA	CA	94502	DIRECTOR		
BILLY REINSCHMIEDT			3034 WINDSOR DR			
	ALAMEDA	CA	94501	DIRECTOR		
LUZANNE ENGH			1021 VIA ALISO			
	ALAMEDA	CA	94502	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		
JO WINZENREAD			43 CORD RD			
	ALAMEDA	CA	94502	DIRECTOR		

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California Statements

FYE: 12/31/2019

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

Name	Address				Avg Hrs	Compensation Amount
	City	State	Zip	Title		
Total						<u>0</u>

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California Statements

FYE: 12/31/2019

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

Description	Amount
	\$
CAFE	
CAFE EXPENSES	14,990
BOOK SALES	
	7,332
LIVE AT THE LIBRARY	
	8,309
SPRING/FALL FUNDRAISING CAM	
	439
BOYS & GIRLS PROGRAMS	9,348
ADULT & TEEN PROGRAMS	7,888
ALAMEDA READS	2,970
ART PROGRAMS	1,385
OTHER	5,698
DUES	50
BANK CHARGES	169
ADVISORY FEES	9,150
INSURANCE	1,378
ACCOUNTING	3,560
OFFICE SUPPLIES/EXP	9,872
POSTAGE FEES	772
OTHER TAXES & LICENSES	333
MISC EXPENSE	
Total	<u>\$ 83,643</u>

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

Description	Beginning of Year	End of Year
EDWARD JONES	\$ 304,313	\$ 364,530
CHARLES SCHWAB	<u>1,204,902</u>	<u>1,420,412</u>
Total	<u>\$ 1,509,215</u>	<u>\$ 1,784,942</u>