

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

Form 199 Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

23-7437087**FRIENDS OF THE ALAMEDA FREE LIBRARY**

Gross sales / receipts	<u>104,777</u>	
Dues from members	<u> </u>	
Contributions / grants	<u>49,956</u>	
Total costs	<u> </u>	
Expenses	<u>86,381</u>	
Excess / (deficit)		<u><u>68,352</u></u>
Total payments	<u> </u>	
Penalties and interest	<u> </u>	
Use tax	<u> </u>	
Balance due		<u> </u>
Refund		<u><u> </u></u>

	Balance Sheet		
	Beginning	Ending	Differences
Assets	<u>1,898,467</u>	<u>2,114,221</u>	
Liabilities	<u> </u>	<u> </u>	
Net assets	<u><u>1,898,467</u></u>	<u><u>2,114,221</u></u>	<u><u>215,754</u></u>

Miscellaneous Information

Amended return

Return / extended due date 05/17/21

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

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 01/01/20 ending 12/31/20) list:

Gross Annual Revenue \$ 151,808 Noncash Contributions \$ 0 Total Assets \$ 2,114,221

Program Expenses \$ 39,508 Total Expenses \$ 83,456

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

2020**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	154,733
2	Total gross income (Form 199, line 8)	2	154,733
3	Total expenses and disbursements (Form 199, line 9)	3	86,381

Part II Settle Your Account Electronically for Taxable Year 2020

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 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 2020 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

03/31/21

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, 2020 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 **2020** **California Exempt Organization**
Annual Information Return

FORM

199

Calendar Year 2020 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

<p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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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	104,777	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	49,956	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	154,733	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	154,733	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	86,381	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	68,352	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 TREASURER	Date	Telephone
Paid Preparer's Use Only	Preparer's signature u LARS G. HANSSON	Date 03/31/2021	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
	and address 2159 CENTRAL AVENUE ALAMEDA, CA 94501			Telephone 510-521-2343
May the FTB discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> 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	32	00	
	3 Dividends		3	35,435	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	12,290	00	
	7 Other income. Attach schedule	SEE STATEMENT 2	7	57,020	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	104,777	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	11,139	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	75,242	00
		18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	86,381	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		113,525		110,084
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		1,784,942		2,004,138
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		1,898,467		2,114,222
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		1,898,467		2,114,221
22 Total liabilities and net worth		1,898,467		2,114,221

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	68,352	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	68,352
6 Total. Add line 1 through line 5	68,352		

23-7437087

California Statements

FYE: 12/31/2020

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				\$ 6,050	\$	\$	\$
SCHWAB				6,240			
Total				<u>\$ 12,290</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

<u>Description</u>	<u>Amount</u>
CAFE	\$ 3,548
BOOK SALES	3,450
LIVE AT THE LIBRARY	
10TH ANNIVERSARY	
SPRING/FALL FUNDRAISING CAM	14,805
REALIZED GAIN - EDWARD JONES	32,455
MISC INCOME	2,762
Total	<u>\$ 57,020</u>

23-7437087

California Statements

FYE: 12/31/2020

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			CA	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		
JO WINZENREAD			43 CORD RD			
	ALAMEDA	CA	94502	DIRECTOR		
BECKY CYR				DIRECTOR		
WILLIAM GIBBS				DIRECTOR		
MARCIE SOSLAU				DIRECTOR		
DORIS UNG				DIRECTOR		
JANE CHISAKI				EX OFFICIO, DIRECTOR		

California Statements**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>

23-7437087

California Statements

FYE: 12/31/2020

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

<u>Description</u>	<u>Amount</u>
	\$
CAFE	
CAFE EXPENSES	2,375
LIVE AT THE LIBRARY	
Other Employee Benefits	550
Payroll Taxes	54
Accounting	1,097
Investment Management	4,940
Printing, Publications, Post	9,600
BOYS & GIRLS PROGRAMS	285
ADULT & TEEN PROGRAMS	9,080
ALAMEDA READS	5,169
ART PROGRAMS	3,500
OTHER	20,925
DOCENT	750
OHTER - FAL EXPENSE	84
DUES	3,056
BANK CHARGES	1,833
OTHER TAXES & LICENSES	670
Office	9,031
Insurance	1,647
MISC EXP	596
Total	\$ <u>75,242</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	\$ 364,530	\$ 417,994
CHARLES SCHWAB	1,420,412	1,586,144
Total	\$ <u>1,784,942</u>	\$ <u>2,004,138</u>