

California Diagnostics

Critical Messages

None

Electronic Filing

None

Informational Messages

- Form 199 is marked to be filed electronically
- Form 109 is marked to be filed electronically

Form 199 Return Summary

For calendar year 2023, or tax year beginning _____, and ending _____

23-7437087

FRIENDS OF THE ALAMEDA FREE LIBRARY

Gross sales / receipts	<u>231,930</u>	
Dues from members		
Contributions / grants	<u>342,832</u>	
Total costs		
Expenses	<u>218,911</u>	
Excess / (deficit)		<u><u>355,851</u></u>
Total payments		
Penalties and interest		
Use tax		
Balance due		_____
Refund		<u>_____</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>2,084,947</u>	<u>2,663,454</u>	
Liabilities		<u>605</u>	
Net assets	<u><u>2,084,947</u></u>	<u><u>2,662,849</u></u>	<u><u>577,902</u></u>

Miscellaneous Information

Amended return X

Return / extended due date 05/15/24

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)

<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 SAMJOSEPHINE12@GMAIL.COM</p> <p>E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input checked="" type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number _____</p> <p>Corporation or Organization No. 0733159</p> <p>Federal Employer ID No. 23-7437087</p>
--	--

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 01/01/23 ending 12/31/23) list:

Total Revenue \$ 531,327 Noncash Contributions \$ 0 Total Assets \$ 2,663,454
 (including noncash contributions)

Program Expenses \$ 56,854 Total Expenses \$ 175,476

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

TAXABLE YEAR 2023 California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2023 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?
I [] 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
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 16 rows and 3 columns: Description, Line Number, Amount. Includes Receipts and Revenues (Total: 574,762), Expenses (Total: 218,911), and Payments (Total: 355,851).

Sign Here: Declaration of preparer, Signature of officer UARS G. HANSSON, Title: TREASURER, Date: 05/22/2024, Telephone: 510-521-2343
Paid Preparer's Use Only: Preparer's signature UARS G. HANSSON, Date: 05/22/2024, Check if self-employed [X], PTIN: P01269989, Firm's FEIN: 94-2630341, Firm's name: LARS G HANSSON, CPA, 2159 CENTRAL AVENUE, ALAMEDA, CA 94501
May the FTB discuss this return with the preparer shown above? [] 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	1,174	00
	3 Dividends		3	56,590	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	15,793	00
	7 Other income. Attach schedule SEE STATEMENT 2		7	158,373	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	231,930	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	61,318	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	157,593	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	218,911	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		175,631		251,376
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		1,909,316		2,412,078
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		2,084,947		2,663,454
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
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,084,947		2,662,849
22 Total liabilities and net worth		2,084,947		2,663,454

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	355,851	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	355,851
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	355,851		

23-7437087

California Statements

FYE: 12/31/2023

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				\$ 15,793	\$	\$	\$
Total				<u>\$ 15,793</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

23-7437087

California Statements

FYE: 12/31/2023

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

<u>Description</u>	<u>Amount</u>
CAFE	\$ 16,875
BOOK SALES	39,195
LIVE AT THE LIBRARY	17,977
10TH ANNIVERSARY	
SPRING/FALL FUNDRAISING CAM	88,402
REALIZED GAIN/LOSS	-4,076
Total	<u>\$ 158,373</u>

23-7437087

California Statements

FYE: 12/31/2023

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		
KAREN MANUEL			915 UNION STREET			
	ALAMEDA	CA	94501	SECRETARY		
JOSEPHINE SAM			128 OLDCASTLE LANE			
	ALAMEDA	CA	94502	TREASURER		
WILLIAM GIBBS				DIRECTOR		
SERENA HOM			3121 BAYO VISTA AVE			
	ALAMEDA	CA	94501	DIRECTOR		
LYDIA KIM			429 CAMDEN ROAD			
	ALAMEDA	CA	94502	DIRECTOR		
BHARAT PARIKH			29 CHESHIRE COURT			
	ALAMEDA	CA	94502	DIRECTOR		
BILLY REINSCHMIEDT			3034 WINDSOR DR			
	ALAMEDA	CA	94501	DIRECTOR		
CAROLE ROBIE			1102 IRONWOOD RD			
	ALAMEDA	CA	94502	DIRECTOR		
RENESHA ROBINSON-PALMER			1361 BALLENA BLVD APT B			
	ALAMEDA	CA	94501	DIRECTOR		
KAREN ROEMER			3518 SAVANA LANE			
	ALAMEDA	CA	94502	DIRECTOR		
EILEEN SAVEL			46 KILKENNY PL			
	ALAMEDA	CA	94502	DIRECTOR		
CYNTHIA SILVA			PO BOX 1196			
	ALAMEDA	CA	94501	DIRECTOR		
MARLON ROMERO			1550 OAK STREET			
	ALAMEDA	CA	94501	ACTING LIBRARY DIR		

23-7437087

California Statements

FYE: 12/31/2023

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

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

23-7437087

California Statements

FYE: 12/31/2023

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

<u>Description</u>	<u>Amount</u>
	\$
CAFE	
CAFE EXPENSES	13,125
CAFE PROJECT	2,580
CAFE EXPENSES	
BOOK SALES	
	6,258
LIVE AT THE LIBRARY	
	10,175
SPRING/FALL FUNDRAISING CAM	
	11,297
BOYS & GIRLS PROGRAMS	16,120
ADULT & TEEN PROGRAMS	9,428
ALAMEDA READS	7,500
LIBRARY SUBSCRIPTION	1,188
OTHER - LIB PROGRAM	20,439
DOCENT	930
OHTER - FAL EXPENSE	
DUES	125
BANK CHARGES	65
OTHER TAXES & LICENSES	6,847
MISC EXP	8,796
OFFICE SUPPLIES EXP	15,043
Other Employee Benefits	329
Payroll Taxes	4,949
Accounting	7,490
Investment Management	10,485
Printing, Publications, Post	244
BRANCH PROGRAM	1,249
Insurance	2,931
Total	<u>\$ 157,593</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	\$ 494,753	\$ 837,589
CHARLES SCHWAB	<u>1,414,563</u>	<u>1,574,489</u>
Total	<u>\$ 1,909,316</u>	<u>\$ 2,412,078</u>

23-7437087

California Statements

FYE: 12/31/2023

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	\$ <u> </u>	\$ <u> 605</u>
Total	\$ <u> 0</u>	\$ <u> 605</u>