034

STATE OF CALIFORNIA

RRF-1 (Rev. 01/2024)

> 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)

DEPARTMENT OF JUSTICE

PAGE 1 of 1

BAYVIEW HUNTERS PO	INT	FOUNDATION		Check if:						
Name of Organization	Change of address	Change of address								
List all DDAs and names the argonization	Amended report	1 								
List all DBAs and names the organization 1625 CARROLL AVENU	Organization requests ema	Organization requests email notifications								
Address (Number and Street)	_			_						
SAN FRANCISCO	State Charity Registration Number	State Cherity Registration Number								
City or Town, State, and ZIP Code	Clate Charty Registration Names									
415-468-5100	— Corporation or Organization No. 062	Corporation or Organization No. 0629154								
Telephone Number JAMES.BOUQUIN@BAYVIEWCI.ORG										
E-mail Address	Federal Employer ID No. 94	Federal Employer ID No. 94-1747575								
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)										
		Make Check Payable to Departmen	nt of Justi	ce						
Total Revenue	<u>Fee</u>	Total Revenue	<u>Fee</u>	Total Revenue		<u>Fee</u>				
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 m		\$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										
	nting peri	od (beginning 07/01/23 ending	06/30	0/24) list:						
Total Revenue \$,901	881 Noncash Contributions \$		0 Total Assets \$ 1	3,082	,260				
Program	Expense	s \$ 15,154,308 Total Exp	enses \$ _	18,407,091						
PART B - STATEMENTS REGARDING	G ORGA	NIZATION DURING THE PERIOD OF THIS	REPORT	-		-				
Note: All questions must be answered.	If you ar	swer "yes" to any of the questions below, you	ı must atta	ch a separate page						
providing an explanation and def	tails for e	ach "yes" response. Please review RRF-1 ins	tructions fo	or information required.	Yes	No				
During this reporting period, were there any	contracts,	loans, leases or other financial transactions between the	organization	and any		х				
officer, director or trustee thereof, either dire	ectly or with	an entity in which any such officer, director or trustee ha	ad any financi	al interest?		Λ				
During this reporting period, was there any	or funds?		x							
3										
During this reporting period, were any organ			x							
During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?										
GOVERNMEN GOOD.										
5. During this reporting period, did the organiz	ation recei	re any governmental funding?				X				
During this reporting period, did the organiz	ation hold	a raffle for charitable purposes?				X				
7 December oversite and the conduction and the cond		··········				v				
Does the organization conduct a vehicle do	malion pro	iam?				X				
8. Did the organization conduct an independe	nt audit an	d prepare audited financial statements in accordance with	ı			х				
generally accepted accounting principles fo	r this repor	ting period?								
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?										
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and pelies the period of the best of my knowledge and pelies the period of the best of my knowledge and pelies the pelies that I have examined this report, including accompanying documents, and to the best of my knowledge and										
ുക്കും വഴും കൊഴുന്നു is true, correct a	na com	piete, and I am authorized to sign.								
James Bouquin		JAMES BOUQUIN		CHIEF EXE. OFFICER						
E456A SARTING OF Authorized Agen	t	Printed Name		Title	Dat	te				

034 Date Accepte	d				DO	NOT	MAIL TH	IIS	FORM TO THE FTB
TAXABLE YEAR 2023		nia e-file Re : Organizati		rization	for				8453-EO
Exempt Organiza	tion name BAYVI	BAYVIEW HUNTERS POINT FOUNDATION Identifying number				•	75		
1 Total gros	ectronic Return Info	prmation (whole dollar d business taxable inc	rs only) come (Form 199, line	4 or Form 10				1	17,901,881
3 Total exp4 Tax due (enses and disbursemers. Form 109, line 23)	(Form 199, line 8 or F ents (Form 199, line 9)					3 4	17,901,881 18,043,287
		Electronically for Tax							
\blacksquare	t Deposit of refund (Fronic funds withdrawa	• ,			7b Withdrawa	l date (mm/dd/yyyy))	
Part III So	hedule of Estimated	d Tax Payments for	Taxable Year 2024	These are NOT i	nstallment payments	for the cu	urrent amount th	ne e	xempt organization owes.)
8 Amount	Fi	irst Payment	Second Payr	ment	Third F	Payment			Fourth Payment
9 Withdraw					<i>(</i> ; 0)				
-		Have you verified the	exempt organization's	banking info	rmation?)				
10 Routing r				12	Type of account:	: 🗌 0	Checking [Savings
Part V De	eclaration of Officer								
(ERO), transmi organization's 2 the exempt org exempt organiz organization re processing of	tter, or intermediate sen 2023 California electroni anization is filing a bala cation's tax liability, the turn and accompanying the exempt organization		nounts in Part I above a my knowledge and bel stand that if the Franchi remain liable for the ta ents be transmitted to the s delayed, I authorize the	agree with the ief, the exemp se Tax Board x liability and a ne FTB to dis	amounts on the control of the contro	correspore eturn is to eceive ful- rest and or inter	nding lines of rue, correct, a Il and timely p penalties. I a mediate servi	the and payr utho ice vice	exempt complete. If ment of the prize the exempt provider. If the exprovider the
	9	nic Return Originato							
knowledge. (If however, that f transmitting this followed all oth years from the to the FTB upo and accompany	I am only an intermedia orm FTB 8453-EO accustretum to the FTB; I ha er requirements describ due date of the return of on request. If I am also the	we exempt organization's tet service provider, I un urately reflects the data ave provided the organizated in FTB Pub. 1345, 2 or four years from the dathe paid preparer, under the paid preparer, under the weekly eknowledge.	derstand that I am not on the return.) I have o ation officer with a copy 2023 Handbook for Auth ate the exempt organiza penalties of perjury, I d	responsible for btained the org of all forms a norized e-file P tion return is f leclare that I h	reviewing the ex- ganization officer's and information that roviders. I will keet led, whichever is ave examined the	empt org s signatu at I will fil ep form I later, an above e	panization's re re on form F le with the FT FTB 8453-EC d I will make exempt organ	eturn TB (B, a) on a co izati	n. I declare, 3453-EO before and I have file for four opy available on's return eclaration
ERO	ERO's signature AMEL	IA SCHUMACHER		ate 05/15/2	Check if also paid preparer	. Ter ∣i	Check if self- employed	\Box	P00178289
Must	Firm's name (or yours	ECCAT ON						F	irm's FEIN
Sign	if self-employed) and address	ESCALON 2345 YALE							26-4150644 ZIP code
•		PALO ALTO at I have examined the e, correct, and complete	above organization's re		npanying schedul				94306 o the best of
Paid	Paid preparer's	·			Date		Check if self- employed	\neg	Paid preparer's PTIN
Preparer Must	signature Firm's name (or yours						олироуви	F	Iirm's FEIN
Sign	if self-employed) and address	>							ZIP code

034 Date Accepte	ed								OO NOT	MAIL 7	HI	S F	ORM TO THE FTB		
TAXABLE YEAR 2023				Return A	Autho	orization) fo	or							
Exempt Organiza		xempt OrganizationsBAYVIEW HUNTERS POINT FOUNDATIONIdentifying numberFOR COMMUNITY IMPROVEMENT94-17475						5 7 :	5	0400 E0					
Part I EI	lectronic F		nation (whole o			· <u> </u>									
1 Total gros	ss receipts	or unrelated b	ousiness taxable	e income (Form	199, lir	e 4 or Form 10	09, lin	e 5)				1 _			
				or Form 109, lir								2 _			
				ine 9)								3 _			
4 Tax due ((Form 109,	line 23)									'	4 _			
												<u> </u>			
				Taxable Year	2023										
		of refund (Forr withdrawal	m 109 only.) 7a Amo	ount			7h	\\/ithdr	awal data	(mm/dd/yy					
					nar 202	1 (Those are NOT						ovor	mpt organization owes.)		
Part III 30	chedule of		Payment		econd Pa		instalin		d Paymer		t the	exer	Fourth Payment		
8 Amount		1 1130	1 dyllion		200110 1 1	дуптопі			a r ayırıcı	ı		- r outil r dymone			
9 Withdraw	al Date														
Part IV Ba	anking Inf	ormation (Ha	ive you verified	the exempt org	ganizatio	n's banking inf	ormati	ion?)							
10 Routing r	number _														
11 Account	number					12	Type	of acco	unt:	Checking		s	avings		
Part V De	eclaration	of Officer													
amount listed of Under penalties (ERO), transmi organization's 2 the exempt organization reprocessing of reason(s) for the Sign Here Part VI Doll declare that I	s of perjury, itter, or inter 2023 Califor ganization is sation's tax leturn and ace the exempte the delay or Signature eclaration have review	I declare that mediate service in a lectronic refiling a balance companying set organization the date where of electronic refile the date where of electronic wed the above	ed payment amo I am an officer o e provider and the return. To the be e due return, I un empt organization chedules and sta s return or refu n the refund wa c Return Origin exempt organiza	orization stated or punts listed on Par of the above exerne amounts in Parest of my knowled inderstand that if in will remain liab attements be transund is delayed, I as sent.	art III, line and III, line art I above dge and the Fran le for the semitted to authoriz Date nd Paid that the	8 from the band hization and that e agree with the belief, the exem that liability and to the FTB to display the ethe ethe ethe ethe ethe ethe ethe	the ine amount organization of the ine amount organization of the ine amount of the ine amount of the ine instruction of the in	ount speciformation unts on the anization of the anizatio	ified in Par I provided the corresponder corresponder corresponder corrective for interest and titter, or interest corrections. EXE.	t IV. If to my electronding lines true, correct ull and timel dependities. It is predicted to the correct of t	tronic of the control	ic ret the example and co ayme thorizing pro- cice pro- cice pro-	cum originator exempt complete. If ent of the exe the exempt covider. If the covoider the		
transmitting this followed all oth years from the to the FTB upon	s return to the requirem due date of on request. In the principal content in the request on the request of the	ne FTB; I have ents described the return or for f I am also the illes and statem	provided the org in FTB Pub. 13 our years from the paid preparer, unents, and to the knowledge.	data on the return ganization officer 45, 2023 Handb he date the exen under penalties of best of my know	with a co book for A opt organ f perjury,	opy of all forms a uthorized e-file l ization return is I declare that I I	and inf Provide filed, v	formation ers. I will whicheve examined	that I will keep form r is later, a the above and comp	file with the FTB 8453- nd I will mal exempt org	FTB EO d de a aniza	s, and on fill copy ation dec	d I have le for four y available i's return		
Must						•		•		•	_	Firm	n's FEIN		
Sign	Firm's name if self-emplo		ESCALON									_2	26-4150644		
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Preparer Must	Firm's name	(or yours										Firm	n's FEIN		
	Firm's name if self-emplo											<u> </u>			
Sign	and address											Z	ZIP code		