## MAIL TO:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

## WEB SITE ADDRESS:

http://ag.ca.gov/charities/

State Charity Registration Number

Bay Area Association of Disabled Sailors

080490

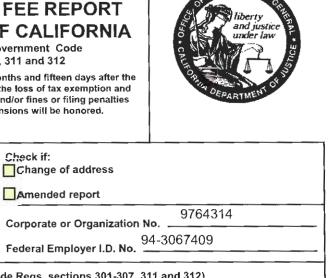
## ANNUAL

## **REGISTRATION RENEWAL FEE REPORT** TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 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 as defined in Government Code section 12586.1. IRS extensions will be honored.

Check if:



Name of Organization						
Pier 40, the Embarcadero - Box # 16			rate or Organization No	4		
San Francisco, CA 94107			94-3067409			
City or Town, State and ZIP Code			al Employer I.D. No.			
ANNUAL REGISTRATIO Make Check	ON RENEWAL FEE SCHEDULE (11 Ca Payable to Attorney General's Regist	II. Code Regs ry of Charita	s. sections 301-307, 311 and 312) ble Trusts			
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue		Fee	
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between 100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 millio Between \$10,000,001 and \$50 millio Greater than \$50 million	ion \$	5150 5225 5300	
PART A - ACTIVITIES						
For your most recent full accounting pe	eriod (beginning 01 / 01 / 2015	lending	2 / <u>31 /2015</u> ) list:			
Gross annual revenue \$	Total assets	\$304,88	31			
PART B - STATEMENTS REGARDING O	RGANIZATION DURING THE PER	OD OF TH	IS REPORT			
Note: If you answer "yes" to any of the qu response. Please review RRF-1 ins	lestions below, you must attach a sep tructions for information required.	oarate sheet	providing an explanation and details	for each "y	'es"	
				Yes	No	
<ol> <li>During this reporting period, were there ar officer, director or trustee thereof either director</li> </ol>	ny contracts, loans, leases or other finan rectly or with an entity in which any such	officer, direc	tor or trustee had any financial interest	?	×	
2. During this reporting period, was there an	y theft, embezzlement, diversion or misu	use of the org	anization's charitable property or funds	?	×	
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?					×	
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.					×	
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.					×	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.					×	
<ol> <li>During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.</li> </ol>					×	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.				ed be	) X	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?						
Organization's area code and telephone numbe	r ( <u>415</u> ) <u>281</u> <u>021</u>	2				
Organization's e-mail address treasurer@ba		s.org				
I declare under penalty of perjury that I have it is true, correct and complete.	examined this report, including acco	mpanying do	ocuments, and to the best of my know	wledge and	belief,	
-	Brian S Pease	131	Treasurer/board Memb	7/14/201	16	
Signature of authorized officer	Printed Name	e	Title	Date		