STATE OF CALIFORNIA

RRF-1

(Rev. 02/2021)

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.

DEPARTMENT OF JUSTICE
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(For Registry Use Only)

RECEIVED Attorney General's Office

OCT 2 0 2023

		-			Registry of Charita	ible '	Triel	
				Check if:		IOIC	1103	
LIGHTHOUSE FOR THE BLIND				Ch	ange of address		ļ	
AND VISUALLY IMPAIRED				Am	nended report			
Name	of Organization							
Listali	DBAs and names the organization use	e or has used						
	-							
1155 MARKET STREET, 10TH FLOOR Address (Number and Street)				State Ch	arity Registration Number CT 001250			
SAN FRANCISCO, CA 94103 City or Town, State, and ZIP Code				Corporat	ion or Organization No. 0350019			
415-431-1481 MKNAPIK@LIGHTHOUSE-SF.ORG				Fodoral F	Employer ID No. 94-1415317			
Telephone Number E-mail Address				i ederai E	imployer to No. 21 1113317			
	ANNUAL REGIS	STRATION	RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departm	Code Regs	s. sections 301-307, 311, and 312)			
Tota	Revenue	Fee	Total Revenue	Fee	Total Revenue	Fe		
			Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million		\$800	
	reen \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million		Between \$100,000,001 and \$500 million		,000	
Betw	reen \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	n \$400	Greater than \$500 million	\$1,	,200	
PAR'	TA-ACTIVITIES							
	For your most recent full a	ccounting	period (beginning 10/01/2021	end	ling			
Total R	tevenue							
(including	noncash contributions) \$	18,355	,594 Noncash Contributions \$		84,445 Total Assets \$ 211, enses \$ 18,521,380	,581,	995	
	Program Expenses	: \$	12,876,787	Total Exp	enses \$18,521,380			
PAR	TB - STATEMENTS REGAR	DING ORC	SANIZATION DURING THE PERIOD O	F THIS RE	PORT			
Note			you answer "yes" to any of the ques					
	providing an explanation	and detai	is for each "yes" response. Please re	view RRF-	1 instructions for information required.	Yes	No	
			any contracts, loans, leases or other fir					
	and any officer, director or tr any financial interest?	ustee there	of, either directly or with an entity in wh	nich any su	ch officer, director or trustee had			
			H-4			 	X	
	or funds?	was there a	any theft, embezzlement, diversion or m	ilsuse of th	e organization's charitable property		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 se	ervices of a commercial fundraiser, fund	Iraising cou	insel for charitable purposes, or	\vdash		
	commercial coventurer used		,		and the standard purposes, or		x	
_								
5.	During this reporting period,	did the org	anization receive any governmental fun-	ding?	SEE STATEMENT 6	х		
c	During this reporting period	did the era	onwation hald a selffe few should be a selected as a	0				
6.	During this reporting period,	ala the org	anization hold a raffle for charitable pur	poses?			х	
7.	Does the organization condu	ct a volucie	donation program?					
		Ct a verilion	- uonation program:		SEE STATEMENT 7	х		
			ndent audit and prepare audited financi	al stateme	nts in accordance with			
	generally accepted accounting	ng principle	s for this reporting period?		SEE STATEMENT	Х	<u> </u>	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?							x	
					ng documents, and to the best of my kno	wledg	e	
and	pelief, the content is true, c	orrect and	complete, and I am authorized to sig	n.	-	_	- 1	
/	1 the W love of K	No.)		1-1-1-			
Signat	re of Authorized Agent	SH	RON GIOVINAZZO nted Name	C	EO 10/16/2023			
orginati	ru or muurorizeu myelli	(\ TYPE	ILOU IVALITO	11	ue r Date			