

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2024

Open to Public Inspection

A For the 2024 Calendar year, or tax year beginning 2024-01-01 and ending 2024-12-31

B Check if available

- Terminated for Business
 Gross receipts are normally \$50,000 or less

C Name of Organization: FRIENDS OF DOUBLE BAYSANCTUARY361 S Morning Sun Ave, MillValley, CA, US, 94941

D Employee Identification

Number 86-2478192

E Website:

www.doublebaysanctuary.orgF Name of Principal Officer: Michael Reppy361 S Morning Sun Ave, MillValley, CA, US, 94941

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

From: no_reply@sos.ca.gov
Subject: California bizfile Online - Business Filing Approved
Date: February 24, 2025 at 4:54 PM
To: mreppy@dolphinspirit.org



Business Amendment Filing Approval

02/24/2025

Entity Name: FRIENDS OF DOUBLE BAY SANCTUARY
Entity Type: Nonprofit Corporation - CA - Public Benefit
Entity No.: 4704149
Document Type: Statement of Information - CA Nonprofit Corporation
Document No: BA20250388351
File Date: 02/24/2025

The above referenced document has been approved and filed with the California Secretary of State. To access free copies of filed documents, go to bizfileOnline.sos.ca.gov and enter the entity name or entity number in the Search module.

What's Next?

The most up to date records may be obtained by searching for the Entity Name or Entity Number IN the Search module at bizfileOnline.sos.ca.gov.

For further assistance, contact us at (916) 657-5448 or visit bizfileOnline.sos.ca.gov.



Thank you for using [bizfile California](http://bizfile.California), the California Secretary of State's business portal for online filings, searches, business records, and additional resources

Important: Do not reply to this message. Replies will be routed to an unmonitored email box.



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)

<p>Name of Organization Friends of Double Bay Sanctuary</p> <p>List all DBAs and names the organization uses or has used 361 South Morning Sun Ave Address (Number and Street) Mill Valley, CA 94941 City or Town, State, and ZIP Code 415-686-0529 Telephone Number michaelr@doublebaysanctuary.org Email Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <hr/> <p>State Charity Registration Number CT027869</p> <p>Corporation or Organization No. 4704149</p> <p>Federal Employer ID No. 86-2478192</p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
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 1 / 1 / 2024 ending 12 / 31 / 2024) list:

Total Revenue \$ (including noncash contributions) 31,320 Noncash Contributions \$ _____ Total Assets \$ 69,403
 Program Expenses \$ _____ Total Expenses \$ 628

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?		✓
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		✓
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		✓
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		✓
5. During this reporting period, did the organization receive any governmental funding?		✓
6. During this reporting period, did the organization hold a raffle for charitable purposes?		✓
7. Does the organization conduct a vehicle donation program?		✓
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting 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 belief, the content is true, correct and complete, and I am authorized to sign.

	Michael Reppy Printed Name	Chair of Board Title	4/2/2025 Date
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Michael Reppy



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 TREASURER'S REPORT
 ATTORNEY GENERAL OF CALIFORNIA**

Section 12586, California Government Code
 11 Cal. Code Regs., Section 301

(FORM CT-TR-1)

(For Registry Use Only)

Name of Organization Friends of Double Bay Sanctuary	State Charity Registration Number CT0278269
Address (Number and Street) 361 South Morning Sun, Mill Valley CA 94941	Corporation or Organization No. 470419
City or Town, State and ZIP Code	Federal Employer I.D. No. 86-2478192

For annual accounting period (beginning 1 / 1 / 2024 ending 12 / 31 / 2024)

BALANCE SHEET

ASSETS

Cash	\$ 0
Savings	\$ 69,403
Investment	\$ 0
Land/Buildings	\$ 0
Other Assets	\$ 0
TOTAL ASSETS	\$ 69,403

LIABILITIES

Accounts Payable	\$ 0
Salary Payable	\$ 0
Other Liabilities	\$ 0
TOTAL LIABILITIES	\$

FUND BALANCE

Total Assets less Total Liabilities	\$
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REVENUE STATEMENT

REVENUE

Cash Contributions	\$ 31,320
Noncash Contributions	\$ 0
Program Revenue	\$ 0
Investments	\$ 0
Special Events	\$ 0
Other Revenue	\$ 0
TOTAL REVENUE	\$ 31,320

EXPENSES

Compensation of Officers/Directors	\$ 0
Compensation of Staff	\$ 0
Fundraising Expenses	\$ 628
Rent	\$ 0
Utilities	\$ 0
Supplies/Postage	\$ 0
Insurance	\$ 0
Other Expenses	\$ 0

NET REVENUE

Total Revenue less Total Expenses	\$
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TOTAL EXPENSES	\$ 628
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I hereby 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.

	Michael Reppy	Chair of Board	4/2/2025
Signature of Authorized Agent	Printed Name	Title	Date