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

WEB SITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code
11 Cal. Code Regs. section 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month 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.

State Charity Registration Number _____

Name of Organization _____

Address (Number and Street) _____

City or Town, State and ZIP Code _____

Check if:
☐ Change of address
☐ Amended report

Corporate or Organization No. _____

Federal Employer I.D. No. _____

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

~~Gross Receipts~~ Total Revenue	Fee	~~Gross Receipts~~ Total Revenue	Fee	~~Gross Receipts~~ Total Revenue	Fee
Less than $25,000	0	Between $100,001 and $250,000	$50	Between $1,000,001 and $10 million	$150
Between $25,000 and $100,000	$25	Between $250,001 and $1 million	$75	Between $10,000,001 and $50 million	$225
				Greater than $50 million	$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning ____/____/____ ending ____/____/____) list:

~~Gross receipts~~ Total Revenue $ _____ Total assets $ _____

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: 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 ~~were~~ there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	☐	☐
3. During this reporting period, did non-program expenditures exceed 50% of ~~gross~~total revenue~~s~~?	☐	☐
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 for this reporting period, attach a copy.	☐	☐
5. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial co~~-~~venturer used? If "yes," provide an attachment listing the name, mailing address, ~~and~~ telephone number, and e-mail address of each commercial fundraiser, fundraising counsel, or commercial coventurer ~~of the service provider~~.	☐	☐
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing each funding source, the name of the agency, mailing address, contact person, and telephone number.	☐	☐
7. 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) on which each ~~they~~ occurred.	☐	☐
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.	☐	☐
9. Did ~~your~~ the organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	☐	☐
10. ~~During~~At the end of this reporting period, did the organization have sufficient unrestricted net assets to cover the restricted net assets? (Complete Worksheet #1 in the instructions.) ~~has the organization acted as a fiscal sponsor/fiscal agent, or otherwise held funds in trust for one or more unrelated charitable entities?~~	☐	☐

Organization's area code and telephone number (_____) _____

Organization's e-mail address _____

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.

Signature of authorized officer	Printed Name	Title	Date

ADOPT