

****Make check payable to this address. You must include a copy of your Form 990 and 990EZ. A copy of your 990N receipt is currently not necessary.**

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/>

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.



Enter your Charitable Trust Number here

Enter your FTB number here. If you are incorporated, enter your incorporation number.

State Charity Registration Number _____

Check if:
 Change of address
 Amended report

Name of Organization _____

Address (Number and Street) _____

City or Town, State and ZIP Code _____

Corporate or Organization No. _____

Federal Employer I.D. No. _____

Enter your PTA name

Enter school's physical address

Enter school's city, state and zip

Gross Revenue could be found on line 12 on Form 990, line 9 on Form 990EZ, or your Annual Financial report if filing 990N. Example: Gross income minus (-) total of fundraiser direct expenses or total cost of goods sold.

REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)

Less than \$25,000

Between \$25,000 and \$100,000

Gross Annual Revenue

Fee

Between 100,001 and \$250,000

\$50

Between \$250,001 and \$1 million

\$75

Gross Annual Revenue

Fee

Between \$1,000,001 and \$10 million

\$150

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 annual 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 sheet 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 mismanagement of funds? <i>If you had any theft or mismanagement you would need to mark "Yes"</i>		
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.		
7. During this reporting period, did the organization hold a raffle for charitable purposes? Provide the number of raffles and the date(s) they occurred. <i>If you mark "Yes" now is a good time to ensure your raffle registration is current</i>		
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 organization have prepared an audited financial statement for the reporting period? <i>Audits conducted by our PTA auditor is not based on GAAP. If you hire an outside auditor to audit your books according to GAAP, then you would mark yes.</i>		

Organization's area code and telephone number (_____) _____ - _____ *Enter phone number*

Organization's e-mail address _____ *Enter email address*

Treasurer should complete this section: Sign, print name, title and date it is true, correct and complete.

I, _____, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer

Printed Name

Title

Date