

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

WEBSITE ADDRESS:

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

**INITIAL
REGISTRATION FORM
STATE OF CALIFORNIA
OFFICE OF THE ATTORNEY GENERAL
REGISTRY OF CHARITABLE TRUSTS**
(Government Code Sections 12580-12599.7)



NOTE: A \$25.00 REGISTRATION FEE MUST ACCOMPANY THIS REGISTRATION FORM. MAKE CHECK PAYABLE TO DEPARTMENT OF JUSTICE.

Pursuant to Section 12585, registration is required of every trustee subject to the Supervision of Trustees and Fundraisers for Charitable Purposes Act within thirty days after receipt of assets (cash or other forms of property) for the charitable purposes for which organized.

Every charitable (public benefit) corporation, association and trustee holding assets for charitable purposes or doing business in the State of California must register with the Attorney General, except those exempted by California Government Code section 12583. Corporations that are organized primarily as a hospital, a school, or a religious organization are exempted by Section 12583.

Name of Organization: _____

The name of the organization should be the legal name as stated in the organization's organizing instrument (i.e., articles of incorporation, articles of association, or trust instrument).

Official Mailing Address for Organization:

Address: _____

City: _____

State: _____

ZIP Code: _____

Organization's telephone number: _____

Organization's e-mail address: _____

Organization's fax number: _____

Organization's website: _____

All organizations must apply for a Federal Employer Identification Number from the Internal Revenue Service, including organizations that have a group exemption or file group returns.

Federal Employer Identification Number (FEIN): _____

Group Exemption FEIN (if applicable):

0646

All California corporations and foreign corporations that have qualified to do business in California will have a corporate number. Unincorporated organizations are assigned an organization number by the Franchise Tax Board upon application for California tax exemption.

Corporate or Organization Number: _____

Names and addresses of ALL trustees or directors and officers (attach a list if necessary):		
Name		Position
Address		
City	State	ZIP Code
Name		Position
Address		
City	State	ZIP Code
Name		Position
Address		
City	State	ZIP Code
Name		Position
Address		
City	State	ZIP Code
Name		Position
Address		
City	State	ZIP Code
<p>Describe the primary activity of the organization. (A copy of the material submitted with the application for federal or state tax exemption will normally provide this information.) If the organization is based outside California, comment fully on the extent of activities in California and how the California activities relate to total activities. In addition, list all funds, property, and other assets held or expected to be held in California. Indicate whether you are monitored in your home state, and if so, by whom. Attach additional sheets if necessary.</p> <p>The mission of our parent teacher association is to positively impact the lives of all children and families by representing our members and empowering and supporting them with skills in advocacy, leadership, and communication.</p>		
<p>The organization will be required to file financial reports annually. All organizations must file the Annual Registration/Renewal Fee Report (RRF-1) within four months and fifteen days after the end of the organization's accounting period. Organizations with \$25,000 or more in either gross receipts or total assets are also required to file either the IRS Form 990, 990-EZ, or 990-PF. Forms can be found on the Charitable Trusts' website at http://ag.ca.gov/charities/.</p>		
<p>If assets (funds, property, etc.) have been received, enter the date first received:</p> <p>Date assets first received: _____</p>		<p>Registration with the Attorney General is required within <u>thirty</u> days of receipt of assets.</p>
<p>What annual accounting period has the organization adopted?</p> <p><input type="checkbox"/> Fiscal Year Ending _____ <input type="checkbox"/> Calendar Year</p>		

Attach your founding documents as follows:		
A) Corporations - Furnish a copy of the articles of incorporation and all amendments and current bylaws. If incorporated outside California, enter the date the corporation qualified through the California Secretary of State's Office to conduct activities in California.		
B) Associations - Furnish a copy of the instrument creating the organization (bylaws, constitution, and/or articles of association).		
C) Trusts - Furnish a copy of the trust instrument or will and decree of final distribution.		
D) Trustees for charitable purposes - Furnish a statement describing your operations and charitable purpose.		
Has the organization applied for or been granted IRS tax exempt status Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Date of application for Federal tax exemption: _____		
Date of exemption letter: _____ Exempt under Internal Revenue Code section 501(c) _____		
If known, are contributions to the organization tax deductible? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Attach a copy of the Application for Recognition of Exemption (IRS Form 1023) and the determination letter issued by the IRS.		
Does your organization contract with or otherwise engage the services of any commercial fundraiser for charitable purposes, fundraising counsel, or commercial coventurer? If yes, provide the name(s), address(es), and telephone number(s) of the provider(s):		
Commercial Fundraiser <input type="checkbox"/>	Fundraising Counsel <input type="checkbox"/>	Commercial Coventurer <input type="checkbox"/>
Name _____		
Address _____		
City _____	State _____	ZIP Code _____
Telephone Number _____		
Commercial Fundraiser <input type="checkbox"/>	Fundraising Counsel <input type="checkbox"/>	Commercial Coventurer <input type="checkbox"/>
Name _____		
Address _____		
City _____	State _____	ZIP Code _____
Telephone Number _____		
Commercial Fundraiser <input type="checkbox"/>	Fundraising Counsel <input type="checkbox"/>	Commercial Coventurer <input type="checkbox"/>
Name _____		
Address _____		
City _____	State _____	ZIP Code _____
Telephone Number _____		
I declare under penalty of perjury that I have examined this registration form, including accompanying documents, and to the best of my knowledge and belief, the form and each document are true, correct, and complete.		
Signature _____ Title _____ Date _____		
If additional information is required, please refer to the Supervision of Trustees and Fundraisers for Charitable Purposes Act (Government Code sections 12580-12599.7), the Administrative Rules and Regulations pursuant to the Act (California Code of Regulations, Title 11, Sections 300-312.1).		
If you have questions regarding registration, or need assistance, information is available on our website at http://ag.ca.gov/charities/ or you can reach us by telephone at (916) 445-2021 or fax at (916) 444-3651.		