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

CHARITY REGISTRATION FORM STATE OF CALIFORNIA OFFICE OF THE ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS

(Government Code Sections 12580-12599.5)



WEB SITE ADDRESS:

Organization's Telephone Number _____

http:/	//ag.ca	.gov/charities/			
Official name and mailing address of organization: Federal Employer Id				Number:	
		anization anber and Street)	Corporate or Organization Number:		
	•	,			
City o	r Town,	State and ZIP Code		-	
1. Names and addresses of ALL trustees or directors and officers (attach a list if necessary):					
2.	Attach a statement fully describing 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.)				
3.	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.				
4.	A)				
	B)				
		Registration will be processed upon receipt of revenue.	your first financial statement show	ving assets and/or	
5.	Annual accounting period adopted:				
	G	Fiscal Year Ending			
	G	Calendar Year			
6.	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 instrumen articles of association).	t creating the organization (bylaws	s, constitution, and/or	
	C)	Trusts - Furnish a copy of the trust instrument	or will and decree of final distribut	tion.	
7)	Attach a copy of the Federal exemption determination letter, if available.				
Signa	iture _		Title	Date	

_____ E-Mail Address