MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS:

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 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.



www.ag.ca.gov/charities/		ed in Government Code section 12586.1. IRS			ffice		
State Charity Registration Number CT0209457							
Silicon Valley Woodturners Inc.				- Check if: ☐ Change of address JAN 2 8 2020			
Name of Organization				Amended report Registry of Charitable Trusts			
1760 Laurentian Way				Ragistry Of Charter			
Address (Number and Street)				Corporate or Organization No			
Sunnyvale, CA 94087							
City or Town, State and ZIP Code			I	Employer I.D. No. <u>46-4528280</u>		<u> </u>	
ANNUAL REG		RENEWAL FEE SCHEDULE (11 Cal. C eck Payable to Attorney General's Reg					
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fe	<u>e</u>	
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 millior Greater than \$50 million	\$1: \$2: \$3:	25	
PART A - ACTIVITIES	·						
For your most recent full	accounting	period (beginning 1 / 1 / 2019	_ ending _	12 / 31 / 2019) list:			
Gross annual revenue \$		3840.09 Total as	eote \$	5611.00			
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PART B - STATEMENTS REGARDI	NG ORGAN	ZATION DURING THE PERIOD OF THI	SREPOR	ſ			
		stions below, you must attach a separ uctions for information required.	rate page	providing an explanation and details for	or each	"yes"	
-					Yes	No	
 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, 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 revenue?						x	
 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. 						x	
 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. 						x	
 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. 						×	
 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) 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.						x	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?						x	
Organization's area code and telepho	ne number (408) 735 - 7245			L		
Organization's e-mail address turnv	vood@martir	nka.org					
		xamined this report, including accomp	anying do	cuments, and to the best of my knowl	edge aı	nd	
belief, the content is true, correct a	nd complet	е.					
Sande / Mater	Z	Joseph J. Martinka		Treasurer - CFO	1/8/2	2020	
Signature of authorized offi	cer	Printed Name	<u></u>	Title	Da		