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.

State Charity Registration NumberCT - 0202773			Check if:			
PILLARS OF HOPE INCORPORATED			☐ Check II. ☐ ☐ Change of address			
			Amended report			
Name of Organization		┝	Amended report			
Address (Number and Street)		- c	Corporate or Organization No. 33	26351		
Oakley, CA 94561						
City or Town, State and ZIP Code			ederal Employer I.D. No. 27	-38329	43	
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 Annual Revenue Fee	Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue		Fee	
		450	D		4450	
		Between \$1,000,001 and \$10 milli		\$150		
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 mil	lion	\$225	
DADT A ACTIVITIES			Greater than \$50 million		\$300	
PART A - ACTIVITIES						
For your most recent full accounting period (beginning $01-01-17$ ending $12-31-17$) list:						
	100 110		115 460			
Gross annual revenue \$	199,118 Total assets	\$	115,468	_		
DADE D. CTATEMENTO DECARDON	O ODOANIZATION DUDING THE D	FDIA	OF THE PEPOPT			
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT						
	estions below, you must attach a separate sl	heet pro	oviding an explanation and details for ea	ch "yes"		
response. Please review RRF-1 inst	· · · · · · · · · · · · · · · · · · ·			Yes		
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any					No	
officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?					X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?					X	
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?					X	
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.					X	
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes,"						
					X	
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.					X	
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) they occurred.					X	
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	
'	lited financial statement in accordance with gene	erally acc	cepted accounting principles for this			
reporting period?	005 205 8511				X	
Organization's area code and telephone number	925-305-7511					
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,						
it is true, correct and complete.					0.1.0	
Debra Brown	<u>Debra Brown</u>			0-15-2	018	
Signature of authorized officer	Printed Name		Title	Date		