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**COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES**

**ANNUAL FINANCIAL REPORT FOR 20** \_\_\_\_\_  
(California Government Code sections 12586 and 12599)  
11 Cal. Code Regs. section 308

Failure to file annual financial report by January 30th annually for each calendar year of solicitation may result in late fees as defined in Government Code section 12586.1

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.



<b>Name and Address of Commercial Fundraiser for Charitable Purposes:</b> CF No. _____  Name of commercial fundraiser for charitable purposes _____  Address of commercial fundraiser for charitable purposes _____  City, State, and ZIP Code of commercial fundraiser for charitable purposes _____	<b>Name and Address of Charitable Organization:</b> CT No. _____ F.E.I.N. No. _____  Name of charity _____  Address of charity _____  City, State, and ZIP code of charity _____
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Figures from (check one):    National Campaign     California Campaign

\_\_\_\_\_ held (on) (from) \_\_\_\_\_, 20\_\_, to \_\_\_\_\_, 20\_\_.

(Type of activity) (Date or dates must be shown)

Is the contract between the commercial fundraiser for charitable purposes and charity based upon a fee or percentage of revenue?    Fee     Percentage     Other

If other, provide brief explanation \_\_\_\_\_

1. REVENUE

A. Cash contributions		A.
B. Entertainment sales or admission charges	_____	B.
C. Sales from products	_____	C.
D. Advertisement Sales	_____	D.
E. Membership fees	_____	E.
F. Other sources: (Specify)		
a. _____	_____	Fa.
b. _____	_____	Fb.
c. _____	_____	Fc.
d. _____	_____	Fd.

G. TOTAL REVENUE \_\_\_\_\_ G.

2. EXPENSES

A. Fees or commissions		A.
B. Salaries	_____	B.
C. Payroll taxes	_____	C.
D. Employee benefits	_____	D.
E. Cost of merchandise for resale	_____	E.
F. Cost of entertainment	_____	F.
G. Postage	_____	G.
H. Advertising	_____	H.
I. Telephone	_____	I.
J. Rental of equipment	_____	J.
K. Facilities charge	_____	K.
L. Permits	_____	L.
M. Other expenses: (Specify)		
a. _____	_____	Ma.
b. _____	_____	Mb.
c. _____	_____	Mc.
d. _____	_____	Md.

N. TOTAL EXPENSES \_\_\_\_\_ N.

3. Amount to charity (subtract line 2N from line 1G) \_\_\_\_\_ 3.
4. Less additional fundraising expenses paid by charity including fee paid to commercial fundraiser for charitable purposes (to be completed by charity) \_\_\_\_\_ 4.
5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) \_\_\_\_\_ 5.
6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) \_\_\_\_\_ 6.
7. (a) Is any director, officer, or employee of the commercial fundraiser for charitable purposes a director, officer, or employee of the charitable organization listed in this report?

Yes     No    If "yes" complete the following:

Name and address of director, officer, or employee of commercial fundraiser for charitable purposes	Name and address of charitable organization	Relationship of officer, etc. to charitable organization

(b) For each affiliation identified in 7(a), attach copy of the contract between the commercial fundraiser for charitable purposes and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer (commercial fundraiser for charitable purposes)	Printed name	Title	Date
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This report must be signed by two officers or directors of the charitable organization for verification.

Signature of authorized officer/director (charity)	Printed name	Title	Date
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Signature of authorized officer/director (charity)	Printed name	Title	Date
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