MAIL TO:	
Office of the Attorney Genera	ı
Registry of Charitable Trusts	
P.O. Box 903447	
Sacramento, CA 94203-4470	

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 Telephone: (916) 323-5079

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES THRIFT STORE OPERATIONS

ANNUAL FINANCIAL REPORT FOR 20_ (California Government Code Section 12599)

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.



WEBSITE ADDRESS:
http://ag.ca.gov/charities/

Name and Address of Commercial Fundraiser: Name and Address of Charitable Organization:		
	CT NoF.E.I.N. No	
Name of commercial fundraiser		
Address of commercial fundraiser	Name of charity	
	Address of charity	
City, State, and ZIP Code of commercial fundraiser	City, State, and ZIP code of charity	
	City, State, and ZIP code of charity	
held	(on) (from), 200 to	
(Type of Activity) 1. REVENUE	(Date or dates must be shown)	
1. REVENUE A. Store Sales	A.	
B. Rag Sales	B.	
C. Miscellaneous Income	C.	
D. TOTAL REVENUE	0	D.
2. STORE EXPENSES:		
A. Salaries - Store Management	A.	
B. Salaries - Employees	В.	
C. Payroll taxes	C.	
D. Employee benefits	D.	
E. Truck Expense	E.	
F. Advertising	F.	
G. Insurance	G.	
H. Telephone	Н.	
I. Rent	I.	
J. Utilities	J.	
K. Sales Tax	К.	
L. Office Expense	L.	
M. Depreciation	М.	
N. Leasehold Improvements (Amortized)	N.	
O. Solicitation and Pick Up Expense	0.	
P. Other Expenses. (Attach a Schedule)	P.	
Q. TOTAL EXPENSES		Q.
NOTE: BASED ON YOUR CONTRACT/AGREEMENT, PLEASE COMPL	ETE LINES 3 AND 4 OR LINES 5, 6, AND 7.	
3. COST OF GOODS PURCHASED FROM CHARITY (Distribution o	r net to charitable organization)	3.
Volume of soft goods purchased in 100 cubic feet:		
4. AMOUNT RETAINED BY COMMERCIAL FUNDRAISER (Line 1D	minus Line 2Q minus Line 3)	4
5. NET INCOME (lines 1D minus 2Q)		5.
6. MANAGEMENT FEES/COMMISSION TO COMMERCIAL FUNDRA	JSER	6.
A. Volume of soft goods received from charitable solicitation		
and pick up in 100 cubic feet:		
7. NET DISTRIBUTION TO CHARITY (Line 5 minus 6)		7.

8. a. Does any officer, director, partner or owner of the commercial fundraiser have any affiliation with or control, directly or indirectly, the charitable organization for which commercial fundraiser has contracted to solicit?

□ Yes If "yes," complete the following: □ No

Name of officer, director, partner or owner of commercial fundraiser	Name and address of charitable organization	Relationship of officer, etc. to charitable organization

(b) For each affiliation identified in 8(a), attach copy of the contract between the commercial fundraiser 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)	Printed Name	Title	Date
This report must be signed by two officers of the charitable organization for verification.			
Signature of authorized officer/director (charity)	Printed Name	Title	Date
Signature of authorized officer/director (charity)	Printed Name	Title	Date