Financial Statements End of Year 1

Statement of Activities		
Statement of Activities		Year 1
Revenues:		
Operating Income		
Branch Dues Income	\$	2,100.00
Program Income	\$ \$ \$	2,000.00
· ·	\$	4,100.00
Project Income		
Fundraising Income		
Local Scholarships	\$	5,000.00
Local Scholaships Raffle		600.00
·	\$	5,600.00
Total Revenues	\$	9,700.00
Expenses:		
Operating Expenses		
Insurance	\$	395.00
Postage	\$	50.00
California Assessment	\$	65.00
Filing Fees	\$	55.00
Directory Expense	\$	250.00
Conferences/Trainings	\$ \$ \$ \$ \$ \$	500.00
	\$	1,315.00
Program Expenditures		
Fundraising Expenses		
Local Scholarships	\$	2,230.00
Local Scholarships Raffle	\$	20.00
Program Expenditures		
Scholarships Funded	\$	3,000.00
Other Programs	\$	1,050.00
Total Expenses	\$	7,615.00
	_	
Excess Revenues Over Expenses	\$	2,085.00

Statement of Financial Position							
	Yr 1 Begin			Yr 1 End		Change	
Assets:							
Current Assets							
Checking Account	\$	7,160.00	\$	8,375.00	\$	1,215.00	
Savings Account	\$	4,500.00	\$	4,500.00			
Prepaid Expenses							
Venue Deposit			\$	1,500.00	\$	1,500.00	
Total Assets	\$	11,660.00	\$	14,375.00	\$	2,715.00	
Liabilities:							
Current Liabilities							
AAUW CA Dues	\$	-	\$	-			
AAUW National Dues	\$	-	\$	-			
AAUW National Donat	\$	-	\$	-			
Deferred Income							
Deferred Branch Dues	\$	1,260.00	\$	1,890.00	\$	630.00	
	\$	1,260.00	\$	1,890.00	\$	630.00	
Net Assets:							
Restricted:							
Local Scholarships	\$	-	\$	350.00	\$	350.00	
AAUW National	\$ \$ \$	-	\$	-			
	\$	-	\$	350.00	\$	350.00	
Unrestricted:							
Unrestricted Net Asset	\$	10,400.00	\$	12,135.00	\$	1,735.00	
Total Net Assets	\$	10,400.00	\$	12,485.00	\$	2,085.00	
Total Liabilities and Net Assets	\$	11,660.00	\$	14,375.00	\$	2,715.00	

Transactions

- Reclassify dues received prior to 7/1/22 for 7/1/22-6/30/23 year into income -\$1,260 (60 @ \$21pp).
- Receive dues for current year for branch, CA and national \$3,240 (30 @ \$108/pp) (\$21/pp branch = \$630, \$20/pp California = \$600, and \$67/pp national = \$2,010 plus \$100 for AAUW Funds).
- 3. Receive branch portion of dues paid online for current year \$210 (10 @ \$21pp).
- Remit dues and donations for dues and donations received in 2 above to national and California.
- Receive dues for next branch year \$9,720 (90 @ \$103/pp) (\$21/pp branch = \$1,890, \$20/pp California = \$1800 and \$67/pp national =\$6,030).
- 6. Remit dues received at 5 above to national and California.
- 7. Pay branch expenses as follows:

a.	Insurance	\$395
b.	Postage	50
C.	CA assessment	65

d. Filing fees and permits 55 (\$25 RRF-1, \$30 Raffle application)

- e. Directory printing 250 f. Conferences/trainings 500
- Hold a luncheon to raise funds for local scholarships 100 guests at \$50 pp = \$5,000 gross plus raffle proceeds of \$600. Costs are food \$2,000, decorations \$230 and raffle tickets \$20.
- Send \$3,000 to local college to fund two \$1,500 scholarships
- 10. Hold a program to educate voters on ballot propositions 100 guests at \$20 pp. = \$2,000. Cost is \$400 for facility and AV, \$300 for refreshments, \$150 for programs and \$200 for speaker honorariums. Proceeds of \$950 go to branch.
- 11. Prepay a deposit for the venue for next year's Gala \$1,500

STATE OF CALIFORNIA

(Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sproments C4 04203-4470

STREET ADDRESS 1300 I Street Secremento, CA 95814 (916) 210-6400

WEBSITE ADDRESS:

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code

11 Cal. Code Regs. sections 301-306, 309, 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 rum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

	DEPARTMENT OF JUSTICE	
	PAGE 1 of 5	1
(Fo	Registry Use Only)	ļ

www.ceg.ca.dow/chariSis Check if: Name of Organization Change of address Amended report List all DBAs and names the organization uses or has used State Charity Registration Number Address (Number and Street) City or Town, State, and ZIP Code Corporation or Organization No. E-mail Address Telephone Number Federal Employer ID No. ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice Total Revenue Fee Total Revenue Fee Total Revenue Fee Less than \$50,000 \$25 Between \$250,001 and \$1 million \$100 Between \$20,000,001 and \$100 million \$800 Between \$50,000 and \$100,000 Between \$1,000,001 and \$5 million \$200 Between \$100,000,001 and \$500 million \$1,000 \$50 Between \$100,001 and \$250,000 Between \$5,000,001 and \$20 million \$400 Greater than \$500 million PART A - ACTIVITIES For your most recent full accounting period (beginning) list: Total Revenue \$ Total Assets \$ (including noncash contributions) Noncash Contributions \$ Program Expenses \$ Total Expenses \$ PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required. 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? During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? During this reporting period, did the organization receive any governmental funding? During this reporting period, did the organization hold a raffle for charitable purposes? 7. Does the organization conduct a vehicle donation program? Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign. Signature of Authorized Agent Printed Name Date

https://rct.doj.ca.gov/Verification/Web /Search.aspx?facility=Y

RRF-1 Source Information

Statement of Activities	
	Year 1
Revenues:	
Operating Income	
Branch Dues Income	\$ 2,100.00
Program Income	\$ 2,000.00
	\$ 4,100.00
Project Income	
Fundraising Income	
Local Scholarships	\$ 5,000.00
Local Scholaships Raffle	\$ 600.00
	\$ 5,600.00
Total Revenues	\$ 9,700.00

Statement of Financial Position								
		Υ	r 1 Begin		Yr 1 End		Change	
Assets:								
С	urrent Assets							
	Checking Account	\$	7,160.00	\$	8,375.00	\$	1,215.00	
	Savings Account	\$	4,500.00	\$	4,500.00			
Р	repaid Expenses							
	Venue Deposit			\$	1,500.00	\$	1,500.00	
Total Assets		\$	11,660.00	\$	14,375.00	\$	2,715.00	

Expenses:	
Operating Expenses	
Insurance	\$ 395.00
Postage	\$ 50.00
California Assessment	\$ 65.00
Filing Fees	\$ 55.00
Directory Expense	\$ 250.00
Conferences/Trainings	\$ 500.00
	\$ 1,315.00
Program Expenditures	
Fundraising Expenses	
Local Scholarships	\$ 2,230.00
Local Scholarships Raffle	\$ 20.00
Program Expenditures	
Scholarships Funded	\$ 3,000.00
Other Programs	\$ 1,050.00
Total Expenses	\$ 7,615.00
Excess Revenues Over Expenses	\$ 2,085.00

			RRF-1					
ANNUAL RE	GISTRATION	RENEWAL FEE SCHE Make Check Payal				7, 311, and 3	12)	
Total Revenue Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$25 \$50 \$75	Total Revenue Between \$250,001 a Between \$1,000,001 Between \$5,000,001	and \$5 millio		Between \$1	0,000,001 and	d \$100 million nd \$500 million	\$800 \$1,000 \$1,200
PART A - ACTIVITIES								
For your most recent for	ull accounting	g period (beginning	7/1/21	ending	6/30/22) list:		
Total Revenue \$ (including noncash contributions)	9,700	Noncash Co	ntributions \$		Total	Assets \$	14.375	-
Progran	Expenses \$		Tot	al Expenses \$	7,615			

Leave Program Expenses blank if your organization has less than \$50,000 in revenue.

RRF-1 Completed Form and Attachment

v. 02/2021)					DEPARTMENT OF	GE 1 of 5	C
WAL TO: Registry of Chantable Trusts P.O. Box 903447		L REGISTRATION RENEW			(For Registry Us	e Only)	Ca.
(916) 210-6400 Or	flure to submi	iections 12586 and 12587, California G 11 Cal. Code Regs. sections 301-306, 3 It tiles report entraintly no later than four months occurring period may result in the loss of lax e 300, plus interest, and/or fines or lifeg pensities 300, plus interest, and/or fines or lifeg pensities	overnment 09, 311, and and filteen da comption and	Code d 312 ys after the end of the the assessment of a			
WEBSITE ADDRESS: (Man)	2370	S, Government Code section 12588.1. IRS ext	analors will be	e honored.			
AAUW Branch			Check II:				
Name of Organization			Chan	ge of address			
			- Amer	nded report			
List all DBAs and names the organiz	tation uses o	or has used				55.7	
Branch Address Address (Number and Street)			State Che	arity Registration Nu	mber CTXXXXX	XX	
Branch Address					XXXXXXXX		
City or Town, State, and ZIP Code			Corporati	on or Organization N	la zazaza		
		-mail Address		× × ×	C-XXXXXXXXXX		
	E-mail Addre			imployer ID No.			_
ANNUAL REG	ISTRATION	RENEWAL FEE SCHEDULE (11 Cal. C Make Check Payable to Departme			311, and 312)		
Total Revenue	Fee	Total Revenue	Fee	Total Revenue			Fee
Less than \$50,000 \$25 Between \$250,001 and \$1 million \$100 Between \$20,000,001 and \$100 million Between \$500,000 and \$100,000 \$50 Between \$100,001 and \$50 million \$200 Between \$100,000 and \$500 million Between \$100,001 and \$250,000 \$75 Between \$200,000 and \$20 million \$400 Greator than \$500 million						million	
PART A - ACTIVITIES	9/0	Between \$5,000,001 and \$20 million	1 9400	Greater than \$	SOU MILITON		\$1,200
Total Revenue \$. (including roncesh contributions)	9,700	g period (beginning 7 / 1 / 21 Noncash Contributions \$		Total As) list: sets \$ 14,3	75	
Total Revenue \$ (including roncean contributions) Program I	9,700 Expenses \$	Noncash Contributions \$Total	Expenses	Total As \$ 7,615		75	-
Total Revenue \$ (including reneath contributions) Program I	9,700 Expenses \$	Noncash Contributions \$ Total	Expenses	Total As 5 7,615	sets \$ 14,3	75	-
Total Revenue \$ (including noncean contributions) Program I PART STATEMENTS DECLARY Note: All questions must be ar	9,700 Expenses \$	Noncash Contributions \$ Total	Expenses	Total At \$ 7,615	eparate page	75 Yes	No
Total Revenue \$ (Including noncash contributions) Program I PART B. STATEMENTS DECARDON Note: All questions must be ar providing an explanation 1. During this reporting period, were	9,700 Expenses \$ INC DEGAS Iswered. If you and details the there any	Noncash Contributions \$ Total TATION OUR INC. THE REPION OF THE YOU ANSWER "YES" to any of the question	Expenses ins pelow,) lew RRF-1 i	Total As 7,615 you must attach a s instructions for info	eparate page		No.
Total Revenue \$ (Including noncean contributions) Program I PART B. STATEMENTS DEC. 400 Note: All questions must be ar providing an explanation. 1. During this reporting period, wer officer, director or trustee thereo	9,700 Expenses \$ land details and details there any if, either dire	Noncash Contributions \$ Total ITATION OURSING THE REGION OF THE you answer "yes" to any of the question is for each "yes" response. Please revi contracts. Joans, leases or other imanicia	Expenses ins below, 1 lew RRF-1 i transaction floer, directo	Total At \$ 7,615 roo must attach a s instructions for info s between the organ or or trustee had any	oparate page oparate page ormation required catton and any financial interest?		
Total Revenue \$ (including soncean contributions) Program I PART P. STATEMENTS DEG A OD Note: All questions must be an providing an explanation 1. During this reporting period, were officer, director or frustee thereo 2. During this reporting period, was	9,700 Expenses \$ INC OPCAN Isswered. If y and details the there any if, either dire is there any t	Noncash Contributions \$ Total Total	Expenses us pepoper uns below, y lew RRF-1 i transaction ficer, directo of the organ	Total At 7,615 you must attach a s nstructions for informat or trustee had any uzation's chantable p	oparate page oparate page ormation required catton and any financial interest?		V
Total Revenue \$ (Including renewal contributions) Program I PART B STATEMENTS DECADE Note: All questions must be arproviding an explanation 1. During this reporting period, was 2. During this reporting period, was 3. During this reporting period, was	9,700 Expenses \$ INC ORCAN ISWERD, ITEM ISWE	Noncash Contributions \$ Total IZATION DUBLING THE REBIOD OF THE you answer "yes" to any of the question for each "yes" response. Please revi contracts, loans, leases or other financia city or with an entity in which any such of heft, embezziement, diversion or misuse	Expenses us pender us below, 3 lew RRF-1 i vanisaction floer, directo of the organ e or judgme	Total At 7,615 you must attach a sinstructions for info sidenween the organization's chantable plant?	oparate page ermation required scatton and any financial interest? roperty or funds?		V
Total Revenue \$ (Including noncean contributions) Program I PART B. STATEMENTS DECARD Note: All questions must be ar providing an explanation. 1. During this reporting period, wer officer, director or trustee thereo. 2. During this reporting period, was 3. During this reporting period, wer coventurer used? 5. During this reporting period, did	9,700 Expenses \$ Expenses \$ ING ORGAN In and details te there any the any organize the any organize the service the organize	Noncash Contributions \$ Total Total	Expenses us expose; mis below, y lew RRF-1 if transaction fixer, directs of the organ e or judgme g counsel for	Total At T,615 T,000 must attach a s instructions for info s between the organ or or trustee had any ization's chantable p int? r charitable purposet	oparate page oparate page ormation required scatton and any financial interest? roperty or funds?		* * *
Total Revenue \$ (Including recovering period, war officer, director or fusite thereo During this reporting period, war overing this reporting period, did 5. During this reporting period, did 6. During this reporting period, did 6. During this reporting period, did	9,700 Expenses \$ Expen	Noncash Contributions \$ Total Total Total Noncash Type occide or Type You answer "yes" to any of the question s for each "yes" response. Please revi contracts, toans, leases or other mancas city or with an entity in which any such of heft, embezziement, diversion or misuse i ization funds used to pay any penalty, fin es of a commercial fundraiser, fundraising attor receive any governmental funding? attor hold a raffle for charitable purposes?	Expenses us expose; mis below, y lew RRF-1 if transaction fixer, directs of the organ e or judgme g counsel for	Total At T,615 T,000 must attach a s instructions for info s between the organ or or trustee had any ization's chantable p int? r charitable purposet	oparate page oparate page ormation required scatton and any financial interest? roperty or funds?		* * *
Total Revenue \$ (Including roncaun contributions) Program I Program I PART B. STATEMENTS DECADED Note: All questions must be ar providing an explanation 1. During this reporting period, was officer, director or frustee thereo 2. During this reporting period, was 3. During this reporting period, was coventurer used? 5. During this reporting period, did 6. During this reporting period, did 7. Does the organization conduct of the program of the program of the period of the program of the period of	9,700 Expenses \$ Expen	Noncash Contributions \$ Total WITATION DUBLING THE OSCIOD OF THE YOU Answer "yes" to any of the question for each "yes" response. Please review oneracts, toans, leases or other trianctactly or with an entity in which any such of heft, embezziement, diversion or misuse itization funds used to pay any penalty, fines of a commercial fundraliser, fundralising attorn receive any governmental funding? attorn hold a raffle for charitable purposes?	Expenses we people y we show, y leave RFF-1 i vansaction ficer, directo of the organ e or judgme g counsel for	Total At \$ 7,615 you must attach a s natructions for info s or trustee had any sization's charitable p int? r charitable purposer With Dates	oparate page oparate page ormation required scatton and any financial interest? roperty or funds?		* * * *
Total Revenue \$ (Including nuncaun contributions) Program I Program I Program I Program I All questions must be ar providing an explanation. During this reporting period, wer officer, director or trustee thereo. During this reporting period, wer dependent of the period of th	9,700 Expenses \$ INC. Organization of the control	Noncash Contributions \$ Total Total	Expenses us server in shelow, yellow RRF-1 i statistication filter, director of the organie or judgme or judgme or counsel for Att Sch	Total At \$ 7,615 Too must attach a s Instructions for info Softween the organ or or trustee had any stration's charitable p Int? The charitable purposes With Dates	oparate page remation required station and any financial interest? reperty or funds?		× × × / × × ×
Total Revenue \$ (Including nuncaun contributions) Program I Program I Program I Program I All questions must be ar providing an explanation. During this reporting period, wer officer, director or trustee thereo. During this reporting period, wer dependent of the period of th	9,700 Expenses \$ INC. Organization of the control	Noncash Contributions \$ Total Total	Expenses us server in shelow, yellow RRF-1 i statistication filter, director of the organie or judgme or judgme or counsel for Att Sch	Total At \$ 7,615 Too must attach a s Instructions for info Softween the organ or or trustee had any stration's charitable p Int? The charitable purposes With Dates	oparate page remation required station and any financial interest? reperty or funds?		* * * *
Total Revenue \$ (Including recream contributions) Program I Program I PART B. STATEMENTS DEG A DI Note: All questions must be ar providing an explanation 1. During this reporting period, war officer, director or trustee thereo 2. During this reporting period, war officer, director or trustee thereo 3. During this reporting period, war coveniturer used? 5. During this reporting period, did 6. During this reporting period, did 7. Does the organization conduct a generally accepted accounting a general gene	9,700 Expenses \$ ING ORGAN Inswered. If n and details the there any t the any organization the organization the organization which is the organization the organization the organization the organization the organization the organization that is have that I have	Noncash Contributions \$ Total Total	Expenses we people in the people in the organ e or judgme a counsel for Att Sch ements in ac	Total As 7,615 You must attach a s nostructions for info s or trustee had any sization's charitable p int? With Dates coordance with regative unrestricted	eparate page remation required cation and any financial interest? roperty or funds? of Raffles	Yes	* * * *
Total Revenue \$ (Including recovering period, and providing an explanation for officer, director or frustee thereo During this reporting period, were coverniturer used? During this reporting period, were coverniturer used? During this reporting period, did for During this reporting period accounting is good the organization conduct an generally accepted accounting is good the organization period declare under penalty of perjury.	9,700 Expenses \$ ING ORGAN Inswered. If n and details the there any t the any organization the organization the organization which did the organization did did the organization that I have and complete and complete that I have and complete that	Noncash Contributions \$ Total Total	Expenses we people in the people in the organ e or judgme a counsel for Att Sch ements in ac	Total As 7,615 You must attach a s nostructions for info s or trustee had any sization's charitable p int? With Dates coordance with regative unrestricted	oparate page remation required scatton and any financial interest? reperty or funds? of Raffles	Yes	* * * * * * * * * * * * * * * * * * *

AAUW BRANCH State Charity Registration Number: Fiscal Year Ending 6/30/22 Attachment to Form RRF-1 1. Local Scholarship Raffle at Luncheon 9/25/2021

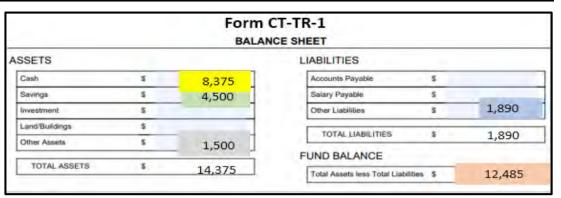
STATE OF CALIFORNIA CT-TR-1

DEPARTMENT OF JUSTICE

AAL TO: tegistry of Charitable Trusts O. Box 903447 acramento, CA 94203-4470 tTREET ADDRESS: 300 Street acramento, CA 95814 916) 210-6400 VEBSITE ADDRESS:	ANNUAL TREASURER ATTORNEY GENERAL OF Section 12586, California Gov 11 Cal. Code Regs., Sec (FORM CT-TR-	F CALIFORNIA emment Code tion 301
WebSITE ADDRESS: www.pag.ca.gov/charities		
Name of Organization		State Charity Registration Number
Address (Number and Street)		Corporation or Organization No.
City or Town, State and ZIP Code		Federal Employer I.D. No.
For ann	ual accounting period (beginning	/ending/)
	BALANCE SHE	ET
ASSETS	Li	ABILITIES
Cash	\$	Accounts Payable \$
Savings	\$	Salary Payable \$
Investment	S	Other Liabilities \$
Land/Buildings	\$	TOTAL LIFE COMPA
Other Assets	\$	TOTAL LIABILITIES \$
TOTAL ASSETS	\$ FL	JND BALANCE
TOTAL ASSETS		Total Assets less Total Liabilities \$
	REVENUE STATE	MENT
REVENUE	E	XPENSES
Cash Contributions	\$	Compensation of Officers/Directors \$
Noncash Contributions	s	Compensation of Staff \$
Program Revenue	S	Fundraising Expenses \$
Investments	\$	Rent \$
Special Events	\$	Utilities \$
Other Revenue	\$	Supplies/Postage \$
TOTAL REVENUE	\$	Insurance \$
Land of the second of the seco	-	Other Expenses \$
NET REVENUE		TOTAL EXPENSES \$
	96 S	

CT-TR-1 Balance Sheet Source Information

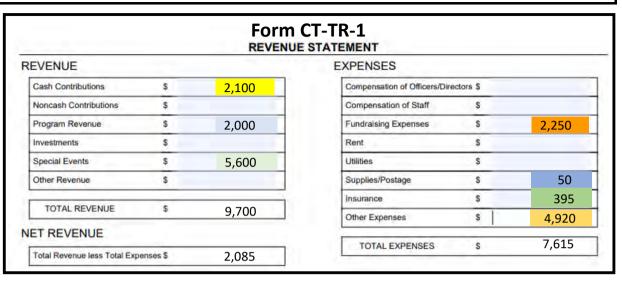
Statement of Activities						
Statement	of F	inancial Po	siti	on		
	Υ	r 1 Begin	,	Yr 1 End		Change
Assets:						
Current Assets						
Checking Account	\$	7,160.00	\$	8,375.00	\$	1,215.00
Savings Account	\$	4,500.00	\$	4,500.00		
Prepaid Expenses						
Venue Deposit			\$	1,500.00	\$	1,500.00
Total Assets	Ċ	11,660.00		14,375.00	۶ \$	2,715.00
Total Assets	Ą	11,000.00	Ą	14,373.00	Ą	2,715.00
Liabilities:						
Current Liabilities						
AAUW CA Dues	\$	_	¢	_		
AAUW National Dues	\$	_	\$	_		
AAUW National Donations	\$	_	\$	_		
Deferred Income	Ą	-	Ş	-		
Deferred Branch Dues	\$	1,260.00	\$	1,890.00	\$	630.00
beterred brunen bues	\$	1,260.00	\$	1,890.00	\$	630.00
Net Assets:						
Restricted:						
Local Scholarships	\$	-	\$	350.00	\$	350.00
AAUW National	\$ \$ \$	-	\$	-		
	\$	-	\$ \$	350.00	\$	350.00
Unrestricted:						
Unrestricted Net Assets	\$	10,400.00	\$	12,135.00	\$	1,735.00
Total Net Assets	\$	10,400.00	\$	12,485.00	\$	2,085.00
Total Liabilities and Net Assets	\$	11,660.00	\$	14,375.00	\$	2,715.00



7

CT-TR-1 Income Statement Source Information

		Statement of Activities		
				Year 1
Revenues:				
	Operating In	come		
	Branch Due	s Income	\$	2,100.00
	Program Inc	tome	\$	2,000.00
			\$	4,100.00
	Project Incor	ne		
	Fundraising	g Income		
		Local Scholarships	\$	5,000.00
		Local Scholarships Raffle	\$	600.00
			\$	5,600.00
		Total Revenues	\$	9,700.00
Expenses:				
	Operating Ex	rpenses		
	Insurance		\$	395.00
	Postage		\$	50.00
	California A	Assessment	\$	65.00
	Filing Fees		\$	55.00
	Directory Ex	pense	\$	250.00
	Conference	s/Trainings	\$	500.00
			\$	1,315.00
	Program Exp			
	Fundraising	g Expense		
		Local Scholarships	\$	2,230.00
		Local Scholarships Raffle	\$	20.00
	Program Exp	penditures		
		Scholarships Funded	\$	3,000.00
		Other Programs	\$	1,050.00
		Total Expenses	\$	7,615.00
Revenue le	ss Expenses		s	2,085.00



CT-TR-1 Attachment Source Information

Statement of Activities

Statement of Activitie	96	
Statement of Activities	.3	Year 1
Revenues:		icai i
Operating Income		
Branch Dues Income	ć	2,100.00
Program Income	\$ ¢	2,100.00
Program income	\$	4,100.00
Draiget Income	Ş	4,100.00
Project Income		
Fundraising Income	_	
Local Scholarships	\$ \$ \$	5,000.00
Local Scholaships Raffle	Ş	600.00
	Ş	5,600.00
Total Revenues	\$	9,700.00
Expenses:		
Operating Expenses		
Insurance	\$	395.00
Postage	\$	50.00
California Assessment	\$	65.00
Filing Fees	\$	55.00
Directory Expense	\$	250.00
Conferences/Trainings	\$	500.00
	\$	1,315.00
Program Expenditures		
Fundraising Expenses		
Local Scholarships	\$	2,230.00
Local Scholarships Raffle	\$	20.00
Program Expenditures	-	
Scholarship Funded	\$	3,000.00
Other Programs	\$	1,050.00
2 6 2 6 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6		,
Total Expenses	\$	7,615.00
Excess Revenues Over Expenses	\$	2,085.00

Chalaman	- (Einen ein I B				
Statement	-	Financial P /r 1 Begin		Yr 1 End		Change
Assets:		ii i begiii		TT Ella		Change
Current Assets						
Checking Account	\$	7,160.00	\$	8,375.00	\$	1,215.00
Savings Account	\$			4,500.00	•	,
Prepaid Expenses			_			
Venue Deposit	Ś		\$	1,500.00	_	
Total Assets		11,660.00	Ş	14,375.00	\$	2,715.00
Liabilities:						
Current Liabilities						
AAUW CA Dues	\$	_	\$	_		
AAUW National Dues	\$	_	\$	_		
AAUW National Donations	\$	_	\$	_		
Deferred Income	Ų		ب			
Deferred Branch Dues	\$	1,260.00	\$	1,890.00	\$	630.00
beleffed brailer bacs	\$	1,260.00	\$	1,890.00	\$	630.00
Net Assets:						
Restricted:						
Local Scholarships	\$	-	\$	350.00	\$	350.00
AAUW National	\$ \$ \$	-	\$	-		
	\$	-	\$	350.00	\$	350.00
Unrestricted:						
Unrestricted Net Assets	\$	10,400.00	\$	12,135.00	\$	1,735.00
Total Net Assets	\$	10,400.00	\$	12,485.00	\$	2,085.00
Total Liabilities and Net Assets	\$	11,660.00	\$	14,375.00	\$	2,715.00

AAUW BRANCH State Charity Reg Number: CTXXXXXXX Fiscal Year Ending 6/30/22 Attachment to Form CT-TR-1								
	III CI-IK-I							
Other Assets								
Prepaid Venue Deposit	\$	1,500						
Other Liabilities Deferred Revenue Dues	\$	1,890						
Other Expenses								
California Assessment	\$	65						
Filing Fees	\$	55						
Directory Expense	\$	250						
Conferences/Trainings	\$	500						
Scholarships Funded	\$	3,000						
Other Programs	\$	1,050						
Total Other Expenses	\$	4,920						

CT-TR-1 Completed Form and Attachment

JT OF CALIFORNIA TR4 1 0400177 AAUL TO: Registry of Charitable Trusts P O: Box 903447 STREET ADDRESS: 1301 1 99/eat Sacramento, CA 94203-4470 STREET ADDRESS: 1401 1 99/eat 1401 1 9	ATTORNEY GE Section 12586, 11 Cal. C	NERAL OF	ASURER'S REPORT ERAL OF CALIFORNIA illifornia Government Code o Regs., Section 301 M CT-TR-1)			
	_					
AAUW Branch Name of Organization			-	State Chanty Registration	Numbe	CTXXXXXXX
Branch Address				20070		_
Address (Number and Street)				Corporation or Organizat	ion No.	XXXXXXX
Branch Address				Federal Employer LD. No	XX-X	DOODOOX.
City or Town, State and ZIP Cod	e			Federal Employer LD. No		
For a	nnual a	ccounting period (beginning	og 07 / 01 /	21 ending 06 / 30	/ 22	-1
		BAI	ANCE SHEE	T		
ASSETS			LIAE	BILITIES		
Cash	5	8,375	Ac	counts Payable	\$	
Savings	5	4,500	Sa	fary Payable	\$	
Investment	5		Ot	her Liabilities	5	T,890
Land/Buildings	5		_	207-2025		
Other Assets	5	1.500	- 4	TOTAL LIABILITIES	5	1,890
		14 275	FUN	ID BALANCE		
TOTAL ASSETS	1	14,375	To	tal Assets less Total Liabilit	les 5	12,485
		REVEN	UE STATEM	ENT		
REVENUE		NEVEL		PENSES		
Cash Contributions	5	2.100	Co	mpensation of Officers/Direc	tors 5	1
Noncash Contributions	5	27,200		mpensation of Staff	5	
Program Revenue	5	2.000		ndraising Expenses	5	2.250
Investments	5	20027	Re		5	(2)-34
Special Events	5			lites	5	-
Other Revenue	5	5.600	1	pplies/Postage	5	50
	_	-1966	-	zurance	5	395
TOTAL REVENUE	\$	9,700	1	her Expenses	5	4,920
NET REVENUE					_	
Total Revenue less Total Expe	nses \$	2,085		TOTAL EXPENSES	\$	7,615
handa dadan	ad mark	and the bill beautiful to the	manual fractions			to the heat of my towns.
hereby declare under penalty and belief, the content is true,	correct	ry that I have examined this and complete and I am auth	orized to sign.	accompanying documen	is, and,	to the best of my knowledge
				Branch	Trace	urer 9/15/22

AAUW BRANCH	
State Charity Registration Number:	
Fiscal Year Ending 6/30/22	
Attachment to Form CT-TR-1	
Other Assets	
Prepaid Venue Deposit	\$ 1,500
Other Liabilities	
Deferred Revenue Dues	\$ 1,890
Other Expenses	
California Assessment	\$ 65
Filing Fees	\$ 55
Directory Expense	\$ 250
Conferences/Trainings	\$ 500
Scholarships Funded	\$ 3,000
Other Programs	\$ 1,050
Total Other Expenses	\$ 4,920

SI-100 Completed Form

1. Go to intro page: https://bpd.cdn.sos.ca. gov/bizfile/submission -cover-sheet-be.pdf



2. Choose:
On-Line filing
or
Fill our pdf form below

Secretary of State Statement of Information (California Nonprofit, Credit Un General Cooperative Corporati			K				
This form is due withing 90 days of initial re- every two years thereafter.	registration and						
Filing Fee - \$20.00		1					
Certification Fee (Optional) - \$5.00							
Corporation Name (Enter the exact name corporation as it is recorded with the Calin State)			This Space For (400000000000000000000000000000000000000	-	,	
AAUW Branch		2. 7-Digit Secretary of State Number					
3. Business Addresses							
a. Street Address of California Principal Off enter a P.O. Box	ice, if any - Do not	City	(no abbreviations)	State	Zip (Code	
Branch Address		CA					
b. Mailing Address of Corporation, if different	ent than item 3a	City	(no abbreviations)	State	Zip (Code	
Mailing Address of Corporation, if difference of Corporation is required to below. An additional title for however, the preprinted titles.	enter the names ar Chief Executive Of	nd addr	resses of all three of r Chief Financial Of	the offi	cers s	set forth	
The Corporation is required to 4. Officers below. An additional title for	enter the names ar Chief Executive Of	nd addr	resses of all three of r Chief Financial Of	the offi	cers s	et forth added;	
The Corporation is required to below. An additional title for however, the preprinted titles	enter the names ar Chief Executive Of on this form must no	nd addr	resses of all three of r Chief Financial Of Itered.	the offi	cers s	et forth	
The Corporation is required to below. An additional title for however, the preprinted titles a. Chief Executive Officer/ First Name	enter the names at Chief Executive Of on this form must no Middle Name	nd addr ficer or ot be a	resses of all three of r Chief Financial Of Itered.	the offi	cers s	et forth added;	
4. Officers The Corporation is required to below. An additional title for however, the preprinted titles a. Chief Executive Officer/ First Name President Name Address	enter the names at Chief Executive Of on this form must no Middle Name	nd addr ficer or ot be a	resses of all three of r Chief Financial Of Ilered. Last Name	the officer ma	cers s	Suffin Code	
4. Officers below. An additional title for however, the preprinted titles a. Chief Executive Officer/ First Name President Name Address President Address - Branch	enter the names at Chief Executive Of on this form must no Middle Name	nd addr ficer or ot be a	resses of all three of r Chief Financial Of Itered. Last Name (no abbreviations)	the officer ma	cers s	set forth added; Suffin	
The Corporation is required to below. An additional title for however, the preprinted titles a. Chief Executive Officer/ First Name President Name Address President Address - Branch	enter the names at Chief Executive Of on this form must no Middle Name	nd addrifficer or ot be al	resses of all three of r Chief Financial Of Itered. Last Name (no abbreviations)	the officer ma	Zip (Suffin Code	
The Corporation is required to below. An additional title for however, the preprinted titles a. Chief Executive Officer/ First Name President Name Address President Address - Branch b. Secretary/ First Name Secretary Name Address	enter the names at Chief Executive Of on this form must no Middle Name	nd addrifficer or ot be al	resses of all three of r Chief Financial Of Itered. Last Name (no abbreviations)	the officer ma	Zip (Suffin	

addres	DUAL - Complete Items 5a and 5b only. M s.	ust include agent's f	ull name and	California	street
a. California corporation	a Agent's First Name (if agent is not a	Middle Name	Last Nar	ne	Suffix
Agent	Name				
	ddress (if agent is not a corporation) - Do a P.O. Box	City (no abbrevia	tions)	State	Zip Code
Agent	Address			CA	
CORPO	ORATION - Complete Item 5c only. Only inc	dude the name of th	e registered	agent Cor	poration.
. Commo	on Interest Developments				
. Email N	uired by California Civil Code sections 5405(otifications		cations, incl	uding Sta	atement of
Information	n email address to opt-in to receive en reminders, by email rather than USPS represeive notices and reminders by USPS management.	nail. Note: If no em			
Information continue to	reminders, by email rather than USPS r	nail. Note: If no em ail.			
Information continue to Yes, I opt-i	n reminders, by email rather than USPS no preceive notices and reminders by USPS ma	nail. Note: If no em ail. ail Address:	ail address	is provide	
Information continue to Yes, I opt-i To change	n reminders, by email rather than USPS no receive notices and reminders by USPS munto receive entity notifications via email. Email your option after filing, you must submit a number of the contained herein, including in any	nail. Note: If no em ail. ail Address: ew complete Statem attachments, is tru	ail address sent of Inform	nation.	
Information continue to Yes, I opt-i To change	n reminders, by email rather than USPS no receive notices and reminders by USPS munto receive entity notifications via email. Emay your option after filing, you must submit a notification of the remainders of t	nail. Note: If no em ail. ail Address: ew complete Statem	ail address sent of Inform	is provide	
Information continue to Yes, I opt-i To change The Inform	n reminders, by email rather than USPS no receive notices and reminders by USPS munto receive entity notifications via email. Email your option after filing, you must submit a number of the contained herein, including in any	nail. Note: If no email. ail Address: ew complete Statem attachments, is tru	ail address sent of Inform	nation.	

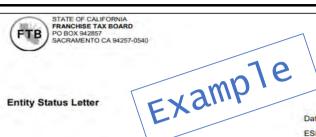
Questions?

CT-NRP-1 Completed Form

Office of the Attorney General Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470	tration period is January 1 to December 31.					
STREET ADDRESS: DEPARTM	K IN THE AMOUNT OF \$30 MADE PAYABLE MENT OF JUSTICE MUST ACCOMPANY TH RATION FORM					
Proof of California Franchise Tax Board exempt status must be atta registration application. This application will otherwise be deemed		or Registry Use Only)				
returned to the organization.	Raffle Registration N	dumber:				
Name of Organization:	Provide at least one					
Branch Name	Provide at least one	or the following.				
Address of Organization:	State Charity Registral	tion Number: CTXXXXXXX				
Branch Address	Federal Employer Iden	ntification Number (FEIN):				
City or Town, State and ZIP Code:	i ederal Employer ider	inication number (LLIV).				
Branch Address	XX-XXXXXXX					
E-mail Address: Branch Contact E-mail Address	SOS Corporation Num	lber: C XXXXXXX				
Telephone Number:						
Branch Contact Telephone Number	FTB Organization Nun	FTB Organization Number: XXXXXXXX				
Fax Number:						
Please list the date your organization first quali Specify the organization's tax - exempt stat						
 23701a Labor, agricultural, or horticultural organization 	ions 23701g Nonprofit ple	easure and recreation clubs				
23701b Fraternal beneficiary societies, orders or ass	sociations 23701k Religious or	apostolic corporations having common or				
23701d Religious, charitable, scientific, testing for puliterary, educational, amateur sports or prevention of children or animals organization		ternal societies, orders or associations				
2370 te Business leagues, chambers of commerce, r boards and boards of trade	real estate 23701t Homeowners	and associations				
 23701f Civic leagues, social welfare organizations ar eliployee organizations 	nd local 23701w Veterans org	ganizations				
Proposed date(s) of raffle(s) [REQUIRED] 7/15/2 (month) I declare under penalty of perjury under the laws of tincluding accompanying documents, that the content		nined this application for registration,				
		FIRMS (OR See) begins for set seems)				
		5/1/23 (60 days before1st raffle)				
Signature of Alythorized Officer or Direct	tor Who Prepared This Form	Date				
Signature of Authorized Officer or Direct	tor Who Prepared This Form					

check 2370d if branch is a 501(c)(3)

check 2370f if branch is a 501(c)(4)



Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Date: 9/26/2023 ESL ID: 1057979895

Entity ID: 9771473

Entity Name: AMERICAN ASSOCIATION OF UNIVERSITY WOMEN DANVILLE-ALAMO

- The entity is in good standing with the Franchise Tax Board.
- The entity is not in good standing with the Franchise Tax Board.
- The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 f.
- We do not have current information about the entity.
 - The entity was administratively dissolved/cancelled on Administrative Dissolution process.

 through the Franchise Tax Board

Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the éntity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a. 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

Connect With Us

Web: ftb.ca.gov

Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays

916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)

FTB 4263A WEB (REV 12-2019)

For Entity Status Letter, go to:

https://www.ftb.ca.gov/help/business/entitystatus-letter.asp

CT-NRP-2 Form

STATE OF CALIFORNIA DEPARTMENT OF JUSTICE CT-NRP-2 (Rev. 08/2022) PAGE 1 of 4 NONPROFIT RAFFLE REPORT Office of the Attorney General Registry of Charitable Trusts P.O. Box 903447 A report must be completed for each year in Sacramento, CA 94203-4470 which a raffle was conducted (January 1 through December 31). STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400 The report is due on or before February 1. (California Penal Code section 320.5) WEBSITE ADDRESS: (For Registry Use Only) PART A: General Organization Reporting Information Provide at least one of the following: Name of Organization: State Charity Registration Number: Address of Organization: Raffle Registration Number: City or Town, State and ZIP Code: Federal Employee Identification Number (FEIN): E-mail Address: SOS Corporation Number or FTB Organization Number: Telephone Number: Fax Number: Part B: Raffle Information Raffle year ending December 31, Aggregate gross receipts from the operation of raffle(s): \$ Aggregate direct costs incurred by the organization from the operation of raffle(s): \$ At least 90% of the gross receipts received from ticket sales must be used for the beneficial or charitable Yes No purpose of the eligible organization or for the benefit of another eligible organization. Did direct costs exceed 10% of gross receipts and did your organization use funds from sources other than from ticket sales to offset costs? If ves. 4(A) Total funds from sources other than ticket sales used for the administration or other costs of conducting the 4(B) What was the source of these funds? Describe the charitable or beneficial purpose

for which the raffle proceeds were used.

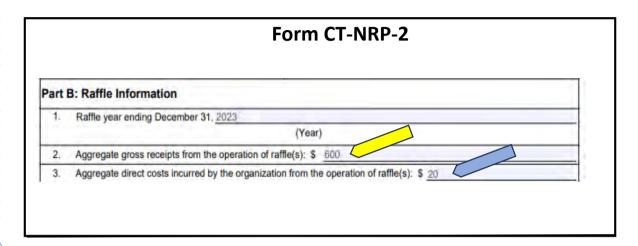
DEPARTMENT OF JUSTICE CT-NRP-2 (Rev. 08/2022) NONPROFIT RAFFLE REPORT PAGE 2 MA Were some or all of the raffle proceeds used for the benefit of another eligible nonprofit organization? If the answer is yes, provide the following information below for each organization for which the proceeds were used. Attach additional sheets of paper, if necessary. Recipient Organization Dollar Amount of Raffle Proceeds to Recipient Organization Address of Recipient Organization Contact Person for Recipient Organization City. State, and ZIP Code Telephone Number of Recipient Organization Part C: Certification by Authorized Officer or Director of Reporting Organization I hereby certify that: True False At least 90% of the gross receipts (total dollar amount prior to deduction of expenses) received from the sale of raffle tickets was used for the beneficial or charitable purposes of the eligible organization conducting the raffle or for the benefit of another eligible organization. None of the funds required to be used for beneficial or charitable purposes were provided to an officer, director or member (as defined by Corporations Code section 5056) of the organization which conducted the raffle(s) No person involved in or connected with the conduct of the raffle(s) was compensated by the organization conducting the raffle(s) from raffle proceeds required to be used for beneficial or charitable purposes. No gaming machine, apparatus or device, including but not limited to one which meets the definition of a slot machine as described in California Penal Code sections 330a, 330b, or 330.1, was used in conducting the No individual corporation, partnership or other legal entity has or holds a financial interest in the conduct of the raffle(s) other than the organization conducting the raffle(s) or any private, nonprofit eligible organization which received funds from the raffle(s). No raffle was conducted, and no raffle tickets were sold, traded, or redeemed, within an operating racetrack enclosure, satellite wagering facility, or gambling establishment. Tickets were not sold, traded or redeemed over the Internet. Raffle funds were not used for any purpose outside of California. If the answer to any question in Part C, Items 1 through 8, was "False," please explain the circumstances that support the answer. Use additional sheets of paper, if necessary, for the explanation. If the answer to more than one question in Part C was "False," reference the question number next to each explanation. I declare under penalty of perjury under the laws of the State of California that I have examined this report, including accompanying documents, that the content is true, correct and complete, and I am authorized to sign. Signature of Authorized Officer or Director Who Prepared the Date Report

Title of Authorized Officer or Director

Printed Name of Authorized Officer or Director

CT-NRP-2 Source Information

	Statement of Activities		
			Year 1
Revenues:			
Operating In	ncome		
Branch Due	s Income	\$	2,100.00
Program Inc	ome	\$	2,000.00
		\$	4,100.00
Project Inco	me		
Fundraising	Income		
	Local Scholarships	\$	5,000.00
	Local Scholarships Raffle	\$	600.00
		\$	5,600.00
	Total Revenues	\$	9,700.00
xpenses:			
Operating E	xpenses		
Insurance		\$	395.00
Postage		\$	50.00
California A	ssessment	\$	65.00
Filing Fees		\$	55.00
Directory Ex	pense	\$	250.00
Conference	s/Trainings	\$	500.00
		\$	1,315.00
Program Exp	penditures		
Fundraising	Expense		
	Local Scholarships	\$	2,230.00
	Local Scholarships Raffle	\$	20.00
Program Exp	penditures		
	Scholarships Funded	\$	3,000.00
	Other Programs	\$	1,050.00
	Total Expenses	\$	7,615.00
		_	
Revenue less Exp	enses	\$	2,085.00



Expenses must be no more than 10% of proceeds

CT-NRP-2 Completed Form

STATE OF GT-NRP-2 (Rev. 08/2		NONPROFIT	RAFFLE REPORT	DEPARTMENT OF JUSTICE PAGE 1 of 4	STATE OF CALIFORNIA CT-NRP-2 (Rev. 08/30/20]	NONPROFIT R	AFFLE REPORT PAGE	E 2 of 4			
Sacramento, CA 94203-4470 which a raffle was STREET ADDRESS:		which a raffle was con	rt must be completed for each year in affle was conducted (January 1 through December 31).		If th		tion below for each organization for which the proceed	Yes [e N		
1300 Sacra (916) WEBS	Sircet Doness. SiTE ADDRESS: Dag on gov/chariles	ORESS: (California Penal Code section		The report is due on or before February 1. (California Penal Code section 320.5)		(For Registry Use Only)	Recipient Organia	zation	\$ Dollar Amount of Raffle Proceeds to Recipient O	Organiz	ation
PAR	T A: General Organizati	ion Reporting Inform	nation		Address of Recip	ient Organization	Contact Person for Recipient Organization				
Name of Organization: Provide at least one of the following:			owing:	City, State, and 2	IP Code	Telephone Number of Recipient Organization					
AAUW Citrus Heights American River Branch Address of Organization:			State Charity Registration Nun	nber: CT0269774	Part C: Certifi	cation by Authorized Officer or Dire	ctor of Reporting Organization				
Bra	ess of Organization:		Raffle Registration Number: R	F00009489	I hereby certify	that					
City or Town, State and ZIP Code:						tnac		True Fal			
Branch Address E-mail Address:			Federal Employee Identification Number (FEIN): 84-3730820		At least 90% of the gross receipts (total dollar amount prior to deduction of expenses) received from of raffle tickets was used for the beneficial or charitable purposes of the eligible organization conduct raffle or for the benefit of another eligible organization.						
Branch Email Address Telephone Number: Branch contact Phone Number			SOS Corporation Number or F 4528185	TB Organization Number:	2) None of t	he funds required to be used for beneficial or	charitable purposes were provided to an officer, ection 5056) of the organization which conducted the	V			
7	lumber:				3) No perso		the raffle(s) was compensated by the organization be used for beneficial or charitable purposes.	V			
Part	B: Raffle Information				4) No gaming machine, apparatus or device, including but not limited to one which meets the definition of a s machine as described in California Penal Code sections 330a, 330b, or 330.1, was used in conducting the						
1.	Raffle year ending Decemb		(Year)		raffle(s).			13	-		
2.	Aggregate gross receipts from						ity has or holds a financial interest in the conduct of raffle(s) or any private, nonprofit eligible organization	V			
3.			rom the operation of raffle(s):	\$ 20		eived funds from the raffle(s).	2.3	100	-		
			et sales must be used for the be of another eligible organization		No raffle was conducted, and no raffle tickets were sold, traded, or redeemed, within an operating race enclosure, satellite wagering facility, or gambling establishment.						
4.	exceed 10% of gross receip sales to offset costs?	pts and did your organizat	ion use funds from sources oth	er than from ticket	Tickets were not sold, traded or redeemed over the Internet.						
					Raffle funds were not used for any purpose outside of California. If the answer to any question in Part C, Items 1 through 8, was "False," please explain the circumstances that supplies the circumstance of the circumstan						
	If yes, 4(A) Total funds from source raffle(s)? \$		used for the administration or	other costs of conducting the	the answer. Use in Part C was "F	additional sheets of paper, if necessary, fo alse," reference the question number next penalty of perjury under the laws of the Sta	or the explanation. If the answer to more than one	e quest	tion		
5.	Describe the charitable or b	beneficial purpose Scholar	ships to attend American River Co	bllege	Signature of	Authorized Officer or Director Who Prepared Report	he Date		-		
J.	for which the raffle proceed	ds were used.									
					Printe	d Name of Authorized Officer or Director	Title of Authorized Officer or Direct	tor			