Financial Statements End of Year 1

Statement of Activities			Statement	ent of Financial Position							
		Year 1	Yr 1 Begin Y				Yr 1 End	nd Char			
Revenues:			Assets:								
Operating Income			Current Assets								
Branch Dues Income	\$	2,100.00	Checking Account	\$	7,160.00	\$	8,375.00	\$	1,215.00		
Program Income	\$	2,000.00	Savings Account	\$	4,500.00	\$	4,500.00				
	\$	4,100.00									
Project Income											
Fundraising Income			Prepaid Expenses								
Local Scholarships	\$	5,000.00	Venue Deposit			\$	1,500.00	\$	1,500.00		
Local Scholaships Raffle	\$	600.00	Total Assets	\$	11,660.00	\$	14,375.00	\$	2,715.00		
	\$	5,600.00									
			Liabilities:								
Total Revenue	s \$	9,700.00	Current Liabilities								
			AAUW CA Dues	\$	-	\$	-				
Expenses:			AAUW National Dues	\$	-	\$	-				
Operating Expenses			AAUW National Donat	\$	-	\$	-				
Insurance	\$	395.00	Deferred Income								
Postage	\$	50.00	Deferred Branch Dues	\$	1,260.00	\$	1,890.00	\$	630.00		
California Assessment	\$	65.00		\$	1,260.00	\$	1,890.00	\$	630.00		
Filing Fees	\$	55.00									
Directory Expense	\$	250.00	Net Assets:								
Conferences/Trainings	\$	500.00	Restricted:								
	\$	1,315.00	Local Scholarships	\$	-	\$	350.00	\$	350.00		
Program Expenditures			AAUW National	\$	-	\$	-				
Fundraising Expenses				\$	-	\$	350.00	\$	350.00		
Local Scholarships	\$	2,230.00	Unrestricted:								
Local Scholarships Raffle	\$	20.00	Unrestricted Net Asset	\$	10,400.00	\$	12,135.00	\$	1,735.00		
Program Expenditures			Total Net Assets	\$	10,400.00	\$	12,485.00	\$	2,085.00		
Scholarships Funded	\$	3,000.00									
Other Programs	\$	1,050.00	Total Liabilities and Net Assets	\$	11,660.00	\$	14,375.00	\$	2,715.00		
Total Expense	s \$	7,615.00									
Fuence Devenue - Original Fuence		2,085.00									
Excess Revenues Over Expenses	\$	2,005.00	1								

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:

а	Insurance	\$395	
b	Postage	50	
C.	CA assessment	65	
d	Filing fees and permits	55 (\$25 RRF-1, \$30 Raffle application	I)
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.
- 9. Send \$3,000 to local college to fund two \$1,500 scholarships
- 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

ATE OF CALIFORNIA IF-1 ev. 02/2021)				DEPARTMENT OF	F JUSTIC	G)	
MAL TO. Registry of Charitable Trusts P.O. Box 903447 Bacramento. CA 94203-4470 STREET ADDRESS: 1300 i Sheat Sacramento. CA 95614 (918) 210-8400 WEBSITE ADDRESS: www.csg.cs.gm/charition	Failure to subm organization's a minimum tax of \$	AL REGISTRATION REN ATTORNEY GENERAL Sections 12586 and 12587, Californ 11 Cal. Code Regs. sections 301-3 it this report annually no later than four ma accounting period may result in the loss of 800, plus interest, and/or fines or filing pe 303, Government Code section 12586.1, IF	OF CALIF nia Government 06, 309, 311, and onths and fifteen da f tax exemption and realties. Revenue &	ORNIA Code d 312 ys after the end of the the assessment of a Taxation Code section	e Only			
Name of Organization			Check if:	ge of address				
List all DBAs and names the org	anization uses	or has used	- Amer	nded report				
Address (Number and Street)			State Ch	arity Registration Number			https://rct.doj.ca.gov/Verification/W	
City or Town, State, and ZIP Cor	le		Corporati	on or Organization No.				/Search.aspx?facility=Y
Telephone Number	E-mail Addr	ess	Federal E	Employer ID No.				
ANNUAL F	EGISTRATIO	N RENEWAL FEE SCHEDULE (11 (Make Check Payable to Depa						
Total Revenue	Fee	Total Revenue	Fee	Total Revenue		Fee	1	
Less than \$50,000 Between \$50,000 and \$100,00 Between \$100,001 and \$250,0		Between \$250,001 and \$1 milli Between \$1,000,001 and \$5 milli Between \$5,000,001 and \$20 m	llion \$200	Between \$20,000,001 and \$100 m Between \$100,000,001 and \$500 m Greater than \$500 million		\$800 \$1,000 \$1,200		
PART A - ACTIVITIES							1	
PART B - STATEMENTS REGA	and the second	Noncash Contributions NIZATION DURING THE PERIOD O you answer "yes" to any of the qu	Total Expenses	10	26 8	-06		
providing an explana	tion and detail	Is for each "yes" response. Please	e review RRF-1	nstructions for information required.	Yes	No		
		contracts, loans, leases or other fina ectly or with an entity in which any su		s between the organization and any or or trustee had any financial interest?				
2. During this reporting period,	was there any t	theft, embezzlement, diversion or mi	suse of the organ	ization's charitable property or funds?	s			
3. During this reporting period,	were any organ	nization funds used to pay any penal	ty, fine or judgme	nt?				
 During this reporting period, coventurer used? 	were the servic	ces of a commercial fundraiser, fundr	aising counsel fo	r charitable purposes, or commercial			1	
5. During this reporting period,	did the organiz	ation receive any governmental fund	ling?				1	
5. During this reporting period,	did the organiz	ation hold a raffle for charitable purp	oses?				1	
7. Does the organization condu	ct a vehicle do	nation program?					1	
 Did the organization conduct generally accepted accounting 		nt audit and prepare audited financia r this reporting period?	I statements in ac	cordance with			1	
9. At the end of this reporting p	eriod, did the o	rganization hold restricted net assets	s, while reporting	negative unrestricted net assets?			1	
		examined this report, including ac ete, and I am authorized to sign.	ccompanying do	cuments, and to the best of my know	ledge a	nd		
<u></u>								

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
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	\$	
	Other Programs	\$	1,050.00
	Total Expenses	\$	7,615.00

Statem	Statement of Financial Position												
	Y	r 1 Begin		Yr 1 End	Change								
Assets:													
Current Assets													
Checking Account	\$	7,160.00	\$	8 <i>,</i> 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							

			RRF-1					
ANNUAL REGI	STRATION		SCHEDULE (11 Car Payable to Depar		ctions 301-30	7, 311, and 31	2)	
Total Revenue Less than \$50,000	<u>Fee</u> \$25		,001 and \$1 millio			0,000,001 and		Fee \$800
Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$50 \$75		00,001 and \$5 milli 00,001 and \$20 mil			00,000,001 and n \$500 million	d \$500 million	\$1,00
PART A - ACTIVITIES		5						
For your most recent full a	accounting	period (beginni	ng 7/1/21	ending	6/30/22) list:		
Total Revenue \$ (including noncash contributions)	,700	Nonca	sh Contributions	\$	Total	Assets \$	14.375	
Program E	kpenses \$_	K.	Т	otal Expenses \$	7,615			
8								
			eave Progr	am Exnense	es hlank i	f		
			<u> </u>			'		
		3	our organiz	zation has l	ess than			
			\$50,000 in r	evenue.				

RRF-1 Completed Form and Attachment

ATE OF CALLFORMA F-1 N 0202011 MAR. TD Registry of Charlotde Truste P. D. Bis 030447 Sacamente, CA 94203-4470 STREET ADDRESS 3091 Street	ANNUAL REGISTRATION RENEWAL FEE REPORT				e Justice IGE Lots ie Only	6)		Sta	AAUW BRANCH State Charity Registration Number: Fiscal Year Ending 6/30/22 Attachment to Form RRF-1		r:	
Sacraments, CA 95814 (915) 219-5400 WEBSITE ADDRESS:	organization's a minimum tax of \$	I this report annually no later than four mo counting period may result in the loss of 800, plus interest, and/or fines or filing per 3, Government Code section 12588.1. IR	tax exemption and the assessment of nalties. Revenue & Taxation Code sec	64				1. Lo	ocal Scholars	ship Raffle a	it Lunched	on	9/25/202
AAUW Branch	1.2.13		Check if:										-, -, -
Name of Organization			Change of address										
List all DBAs and names the	e organization uses	r has used	Amended report										
Branch Address	- organization uses			стхохох	oov.								
Address (Number and Street	8)		State Charity Registration	Number	unn -	_							
Branch Address City or Town, State, and ZIP	Code		Corporation or Organizatio	ion No. XXXXXXXX									
Contact # Telephone Number	Contact E	-mail Address	Federal Employer ID No.	xx-xxxxxxxx									
	IAL REGISTRATION	RENEWAL FEE SCHEDULE (11 0 Make Check Payable to Depa	Cal. Code Regs. sections 301-30	07, 311, and 312)									
Total Revenue	Fee	Total Revenue	Fee Total Reve	2010E	1	Fee							
Less than \$50,000 Between \$50,000 and \$100	\$25 0.000 \$50	Between \$250,001 and \$1 millio Between \$1,000,001 and \$5 mill		20,000,001 and \$100 m									
				100,000,001 and \$500 i									
Total Revenue \$	cent full accountin	Between \$5,000,001 and \$20 m	and information Greater that 21 ending 6 / 30 / 2	an \$500 million 22) list:		\$1,000							
PART A - ACTIVITIES For your most rec Total Revenue \$ (including noncash contributions Pro- PART 0: STATEMENTS OF Note: All questions mus providing an expl	ISO,000 \$75 cent full accountin a) 9,700 rogram Expenses \$ ECARDING OBCA ist be answered. If Hanation and detail	Between \$5,000,001 and \$20 m g period (beginning _7 / 1 / Noncash Contributions 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Illion \$400 Greater that 21 ending 6 7 36 7 a \$	an \$500 million 22) list: al Assets \$ 14.3 5 h a separate page information required				_					
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PART A - ACTIVITIES For your most rec Total Revenue \$ (including nonceash contributions) Pro- PART B STATEMENTS OF Note: All questions mus providing an expl 1. During this reporting pen- officer, director or truster	so,000 \$75 cent full accountin a) 9,700 rogram Expenses \$ ECASPINIC OPCAN rist be answered. If y lanation and detail nod, were there any re thereof, either dire	Between \$5,000,001 and \$20 m g period (beginning <u>7 / 1 /</u> Noncash Contributions Noncash Contributions Noncash Contributions 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Illion \$400 Greater that 21 ending 6 / 30 / 2 3 Total Expenses \$ 61 61 6 Total Expenses \$ 61 61 61 61 61 61	an \$500 million 22) list: al Assets \$ 14,3 5 b a separate page information required rganization and any any financial interest?	75	\$1,200							
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PART A - ACTIVITIES For your most rec Total Revenue \$ (induding noncash contributions Pr PART 9 STATEMENTS OF Note: All questions mus providing an expi 1. During this reporting per officer, director or truster 2. During this reporting peri	ISO,000 \$75 cent full accountin a) 9,700 rogram Expenses \$ ECARDING OBCA inst be answered. If inanation and detail insd, were there any et here of, either dire riod, was there any tr riod, were any organ	Between \$5,000,001 and \$20 m g period (beginning <u>7 / 1 /</u> Noncash Contributions Noncash Contributions 1 27,7000 DUBING TUE BERIOD O you answer "yes" to any of the qui s for each "yes" response. Please contracts, loans, leases or other fea activ or with an entity in which any su helt, embezziement, diversion or mis	Illion \$400 Greater tha 21 ending 6 / 36 / 2 \$ Tota Total Expenses \$ 7,61 C THE OCCOT estions below, you must attach review RRF-1 instructions for incal Variacticits between the oil to officer, director or trustee had suse of the organization's charitat by, fine or judgment?	an \$500 million 22) list: al Assets \$ 14,3 5 h a separate page information required regenization and any any financial interest? ble property or funds?	75	\$1,200							
PART A - ACTIVITIES For your most rec Total Revenue \$ (induding noncash contributions Pr PART 9 STATEMENTS OF Note: All questions mus providing an expl 1. During this reporting per officer, director or truster 2. During this reporting peri 3. During this reporting peri coventurer used?	ISO,000 \$75 cent full accountin a) 9,700 rogram Expenses \$ ECARDING OBGAN ist be answered. If y lanation and detail nod, were there any te riod, were there any te riod, were any organ riod, were the service	Between \$5,000,001 and \$20 m g period (beginning 7 / 1 / Noncash Contributions Noncash Contributions Noncash Contributions Noncash Contributions Table Store ach "yes" to any of the gu s for each "yes" to any of the gu	Illion \$400 Greater tha 21 ending 6 / 36 / 2 \$ Tota Total Expenses \$ 7,61 CTUE OFFICE estions below, you must attach review RRF-1 instructions for india transactions between the oil to officer, director or trustee had suse of the organization's charitable y, fine or judgment? alsing counsel for charitable purport	an \$500 million 22) list: al Assets \$ 14,3 5 h a separate page information required regenization and any any financial interest? ble property or funds?	75	\$1,200							
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PART A - ACTIVITIES For your most rec Total Revenue \$ (including noncash contributions Pro- Note: All questions mun providing an expl 1. During this reporting peri officer, director or truster 2. During this reporting peri 3. During this reporting peri 4. During this reporting peri 5. During this reporting peri 6. During this reporting peri 7. Does the organization con generally accepted acco	so,000 \$75 cent full accountin a) 9,700 rogram Expenses \$ ECO Entrop OBCO Internation and detail rod, were there any te riod, ware there any te riod, ware the service riod, were the service riod, did the organiza- riod, did the organiz	Between \$5,000,001 and \$20 m g period (beginning <u>7 / 1 /</u> Noncash Contributions Noncash Contributions Noncash Contributions (2010) Noncash Contributions (2010) Noncash Contributions (2010) Noncash Contribution (2010) Noncash	Illion \$400 Greater tha 21 ending 6 7 36 7 2 4 \$ Tota Total Expenses \$7,61 5 Turis DEDODT estions below, you must attach a review RRF-1 instructions for incut Parts DECODT estions below, you must attach a review RRF-1 instructions for incut Parts DECODT estions below, you must attach a review RRF-1 instructions for incut Parts DECODT estions below, you must attach the original parts of the original estimation of the original parts incut Parts DECODT estimation of the original parts ause of the original parts incut Parts DECODT estimation of the original parts ause of the original parts incut Parts DECODT estimation of the original parts ause of the original parts parts DECODT estimation of the original parts incut Parts DECODT estimation of the original parts parts DECODT estimation of the original parts estimation of the original parts parts DECODT estimation of the original parts parts DECODT estimation of the original parts estimation of the original part	an \$500 million 22) list: al Assets \$ 14.3 5 14.3 5 14.3 5 14.3 6 14.3 6 14.3 6 14.3 6 14.3 6 14.3 6 14.3 6 14.3 6 14.3 6 14.3 6 14.3 6 14.3 6 14.3 6 14.3 7 14.3 7 14.3 10 14.3 11 14.3 12 14.3 13 14.3 14 14.3 15 14.3 16 14.3 17 14.3 18 14.3 19 14.3 10 14.3 10 14.3 10 14.3 10 14.3 10 14.3 10	75	81,200							
PART A - ACTIVITIES For your most rec Total Revenue \$ (including norcialsh contributions PART E STATEMENTS on PART E STATEMENTS on PART E STATEMENTS on PART E STATEMENTS on PART E STATEMENTS on All questions mus providing an expl 1. During this reporting peri- 3. During this reporting peri 4. During this reporting peri 5. During this reporting peri 6. During this reporting peri 7. Does the organization con- generally accepted acco 9. At the end of this report 1 declare under penalty of p	so,000 \$75 cent full accountin a) 9,700 regram Expenses \$ EGAEDUIC ODGA ist be answered. If ilanation and detail red, were there any te riod, was there any te riod, was there any to riod, were the service riod, were the service riod, did the organiza riod, did the organiza	Between \$5,000,001 and \$20 m g period (beginning <u>7 / 1 /</u> Noncash Contributions Noncash Contributions Noncash Contributions (2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	Illion \$400 Greater tha 21 ending 6 / 36 / 2 \$ Tota Total Expenses \$ 7,61 E Turs DEDOT estions below, you must attach preview RRF-1 instructions for inclai transactions between the or or difficer, director or trustee had suse of the organization's charitable purple is a consel for charitable purple ing? Inser?Att Sch With Date statements in accordance with , while reporting negative unrestri	an \$500 million 22	75	81,200							
PART A - ACTIVITIES For your most rec Total Revenue \$ (including norcialsh contributions PART E STATEMENTS on PART E STATEMENTS on PART E STATEMENTS on PART E STATEMENTS on PART E STATEMENTS on All questions mus providing an expl 1. During this reporting peri- 3. During this reporting peri 4. During this reporting peri 5. During this reporting peri 6. During this reporting peri 7. Does the organization con- generally accepted acco 9. At the end of this report 1 declare under penalty of p	so,000 \$75 cent full accountin a) 9,700 regram Expenses \$ EGAEDUIC ODGA ist be answered. If ilanation and detail red, were there any te riod, was there any te riod, was there any to riod, were the service riod, were the service riod, did the organiza riod, did the organiza	Between \$5,000,001 and \$20 m g period (beginning <u>7 / 1 /</u> Noncash Contributions Noncash Contributions Noncash Contributions Noncash Contributions (1) Noncash Contributions (1) Noncash Contributions (1) Noncash Contributions (1) (1) (1) (1) (1) (1) (1) (1)	Illion \$400 Greater tha 21 ending 6 / 36 / 2 4 \$ Tota Total Expenses \$7,61 E TUES DECODT estions below, you must attach a review RRF-1 instructions for mod transactions between the or ch officer, director or trustee had- suse of the organization's charitable purple ing? alsing counsel for charitable purple ing? asses?Att Sch With Data statements in accordance with , while reporting negative unrestri- scompanying documents, and to	an \$500 million 22	75	81,200		×					

	State Charity Registration Number
	Corporation or Organization No.
	Federal Employer I.D. No.
ual accounting period (beginning	// ending/)
BALANCE	E SHEET
	LIABILITIES
\$	Accounts Payable \$
\$	Salary Payable \$
S	Other Liabilities \$
\$	TOTAL LIABILITIES \$
\$	
\$	FUND BALANCE
	Total Assets less Total Liabilities \$
REVENUE S	
REVENUE S	
REVENUE S	TATEMENT
	TATEMENT EXPENSES
\$	TATEMENT EXPENSES Compensation of Officers/Directors \$
\$	TATEMENT EXPENSES Compensation of Officers/Directors \$ Compensation of Staff \$
\$ \$ \$	TATEMENT EXPENSES Compensation of Officers/Directors \$ Compensation of Staff \$ Fundraising Expenses \$
\$ \$ \$ \$	TATEMENT EXPENSES Compensation of Officers/Directors \$ Compensation of Staff \$ Fundraising Expenses \$ Rent \$
\$ \$ \$ \$ \$ \$	TATEMENT EXPENSES Compensation of Officers/Directors \$ Compensation of Staff \$ Fundraising Expenses \$ Rent \$ Utilities \$
\$ \$ \$ \$ \$	TATEMENT EXPENSES Compensation of Officers/Directors \$ Compensation of Staff \$ Fundraising Expenses \$ Rent \$ Utilities \$ Supplies/Postage \$
\$ \$ \$ \$ \$ \$	TATEMENT EXPENSES Compensation of Officers/Directors \$ Compensation of Staff \$ Fundraising Expenses \$ Rent \$ Utilities \$ Supplies/Postage \$ Insurance \$
	S S S S S S S S S S S S S S S S S S S

CT-TR-1 Balance Sheet Source Information

Statement of Activities				
Statement	of Financial Po	osition		Form CT-TR-1
	Yr 1 Begin	Yr 1 End	Change	BALANCE SHEET
Assets:				ASSETS LIABILITIES
Current Assets				Cash \$ 8,375 Accounts Payable \$
Checking Account		<mark>\$ 8,375.00</mark>	\$ 1,215.00	Savings \$ 4,500 Salary Payable \$
Savings Account	\$ 4,500.00	\$ 4,500.00		Investment \$ Other Liabilities \$ 1,
				Land/Buildings \$ TOTAL LIABILITIES \$ 1,
				Other Assets \$ 1,500
Prepaid Expenses		4		TOTAL ASSETS \$ 14,375
Venue Deposit	+ + + + + + + + + + + + + + + + + + + +	\$ 1,500.00		Total Assets less Total Liabilities \$ 12
Total Assets	\$ 11,660.00	\$ 14,375.00	\$ 2,715.00	
AAUW CA Dues AAUW National Dues AAUW National Donations Deferred Income Deferred Branch Dues	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	 \$ - \$ - \$ - \$ 1,890.00 \$ 1,890.00 		
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	

CT-TR-1 Income Statement Source Information

Total Revenue less Total Expenses \$

		Statement of Activities		
				Year 1
Revenues:				
	Operating In	come		
	Branch Due	s Income	\$	2,100.00
	Program Inc	ome	\$	2,000.00
			\$	4,100.00
	Project Incor	ne		
	Fundraisin	g Income		
		Local Scholarships	\$	5,000.00
		Local Scholarships Raffle	\$	600.00
			\$	5,600.00
		Total Revenues	\$	9,700.00
Expenses:				
	Operating Ex	penses		
	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	enditures		
	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
	ess Expenses		S	2,085.00

Cash Contributions	s	2 100
	Ψ	2,100
Noncash Contributions	\$	
Program Revenue	\$	2,000
Investments	\$	
Special Events	\$	5,600
Other Revenue	\$	
TOTAL REVENUE	\$	9,700

2,085

Form CT-TR-1 NUE STATEMENT **EXPENSES** Compensation of Officers/Directors \$ Compensation of Staff \$ \$ Fundraising Expenses 2,250 Rent \$ Utilities \$ 50 Supplies/Postage \$ 395 Insurance \$ Other Expenses \$ 4,920 7,615 TOTAL EXPENSES \$

CT-TR-1 Attachment Source Information

	Year 1									
			Ŷ	/r 1 Begin		Yr 1 End		Change	AAUW BRAN	СН
		Assets:							State Charity Reg Number:	СТХХУ
		Current Assets							Fiscal Year Ending 6/3)/22
\$	2,100.00	Checking Account	\$	•		8,375.00	\$	1,215.00	Attachment to Form	CT-TR-1
\$	2,000.00	Savings Account	\$	4,500.00	\$	4,500.00				
\$	4,100.00								Other Assets	
									Prepaid Venue Deposit	\$
		Prepaid Expenses								
\$	5,000.00	Venue Deposit			\$	1,500.00	\$	1,500.00	Other Liabilities	
\$	600.00	Total Assets	\$	11,660.00	\$	14,375.00	\$	2,715.00	Deferred Revenue Dues	\$
\$	5,600.00									
		Liabilities:							Other Expenses	
\$	9,700.00	Current Liabilities							California Assessment	\$
		AAUW CA Dues	\$	-	\$	-			Filing Fees	\$
		AAUW National Dues	\$	-	\$	-			Directory Expense	\$
		AAUW National Donations	\$	-	\$	-			Conferences/Trainings	\$
\$	395.00	Deferred Income							Scholarships Funded	\$
\$	50.00	Deferred Branch Dues	\$	1,260.00	\$	1,890.00	\$	630.00	Other Programs	\$
\$	65.00		\$	1,260.00	\$	1,890.00	\$	630.00	Total Other Expenses	\$
\$	55.00									
\$	250.00	Net Assets:								
\$	500.00	Restricted:								
\$	1,315.00	Local Scholarships	\$	-	\$	350.00	\$	350.00		
		AAUW National	\$	-	\$	-				
			\$	-	\$	350.00	\$	350.00		
\$	2,230.00	Unrestricted:								
\$	20.00	Unrestricted Net Assets	\$	10,400.00	\$	12,135.00	\$	1,735.00		
		Total Net Assets	\$	10,400.00	\$	12,485.00	\$	2,085.00		
\$	3,000.00									
\$	1,050.00	Total Liabilities and Net Assets	\$	11,660.00	\$	14,375.00	\$	2,715.00		
\$	7,615.00									
Ś	2 085 00									
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ 4,100.00 \$ 5,000.00 \$ 600.00 \$ 5,600.00 \$ 5,600.00 \$ 5,600.00 \$ 5,600.00 \$ 5,600.00 \$ 50.00 \$ 65.00 \$ 55.00 \$ 250.00 \$ 250.00 \$ 250.00 \$ 1,315.00 \$ 2,230.00 \$ 2,230.00 \$ 2,000 \$ 3,000.00 \$ 1,050.00 \$ 3,000.00 \$	\$ 4,100.00 Prepaid Expenses \$ 5,000.00 Venue Deposit \$ 600.00 Current Liabilities \$ 5,600.00 Current Liabilities \$ 5,600.00 AUW CA Dues \$ 395.00 AUW National Dues \$ 395.00 Deferred Income \$ 50.00 Deferred Income \$ 55.00 S 55.00 \$ 55.00 S 50.00 \$ 250.00 Net Assets: \$ 250.00 Restricted: \$ 1,315.00 Unrestricted: \$ 2,230.00 Unrestricted: \$ 2,230.00 Unrestricted: \$ 3,000.00 Total Net Assets \$ 3,000.00 Total Liabilities and Net Assets	\$ 4,100.00 Prepaid Expenses \$ 5,000.00 Prepaid Expenses \$ 600.00 Total Assets \$ \$ 5,600.00 Current Liabilities \$ 5,600.00 Current Liabilities \$ 9,700.00 Current Liabilities \$ 395.00 Current Liabilities \$ 395.00 AAUW CA Dues \$ 395.00 AAUW National Donations \$ 395.00 Deferred Income \$ 50.00 Deferred Branch Dues \$ 500.00 Restricted: \$ 1,315.00 Net Assets: \$ 2,230.00 Unrestricted: \$ 2,230.00 Unrestricted: \$ 3,000.00 Total Net Assets \$ 3,000.00 Total Liabilities and Net Assets	\$ 4,100.00 Prepaid Expenses \$ 5,000.00 Venue Deposit \$ 600.00 Total Assets \$ 11,660.00 \$ 5,600.00 Current Liabilities \$ 5,600.00 AAUW CA Dues \$ - \$ 395.00 AAUW National Dues \$ - \$ 395.00 Deferred Income Deferred Income \$ 55.00 Deferred Branch Dues \$ 1,260.00 \$ 55.00 S 50.00 \$ 1,260.00 \$ 250.00 S 55.00 \$ 1,260.00 \$ 250.00 S 1,315.00 Net Assets: \$ 2,230.00 Unrestricted: Unrestricted: \$ 3,000.00 J 0,000 \$ 10,400.00 \$ 3,000.00 Total Liabilities and Net Assets \$ 10,400.00	\$ 4,100.00 Prepaid Expenses \$ 5,000.00 Prepaid Expenses \$ 600.00 \$ 11,660.00 \$ \$ 5,600.00 Current Liabilities \$ 5,600.00 Current Liabilities \$ 5,600.00 Current Liabilities \$ 5,600.00 Current Liabilities \$ 5,600.00 AUW CA Dues \$ - \$ \$ 395.00 AUW National Dues \$ - \$ \$ 395.00 Deferred Income \$ 1,260.00 \$ \$ 55.00 \$ 1,260.00 \$ \$ 1,260.00 \$ \$ 250.00 \$ 250.00 \$ 1,260.00 \$ \$ 1,315.00 Net Assets: \$ 1,260.00 \$ \$ 2,230.00 Net Assets: \$ - \$ \$ 2,230.00 Unrestricted: \$ - \$ \$ 2,230.00 Unrestricted: \$ 10,400.00 \$ \$ 3,000.00 \$ 10,50.00 Total Liabilities and Net Assets \$ 10,400.00 \$	\$ 4,100.00 Prepaid Expenses \$ 5,000.00 Prepaid Expenses \$ 600.00 \$ 11,660.00 \$ 5,600.00 \$ 11,660.00 \$ 5,600.00 \$ 14,375.00 \$ 5,600.00 \$ 14,375.00 \$ 5,600.00 \$ 14,375.00 \$ 5,600.00 \$ 14,375.00 \$ 5,600.00 \$ 14,375.00 \$ 5,600.00 \$ 14,375.00 \$ 1,300.00 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 4,100.00 Prepaid Expenses \$ 5,000.00 \$ 1,500.00 \$ 600.00 \$ 11,660.00 \$ 5,600.00 \$ 11,660.00 \$ 5,600.00 \$ 14,375.00 \$ 5,600.00 \$ 14,375.00 \$ 5,600.00 \$ 14,375.00 \$ 5,600.00 \$ 14,375.00 \$ 5,600.00 \$ 14,375.00 \$ 5,600.00 \$ 14,375.00 \$ 5,600.00 \$ 1,260.00 \$ 395.00 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 4,100.00 Prepaid Expenses \$ 5,000.00 Prepaid Expenses \$ 600.00 \$ 11,660.00 \$ 1,500.00 \$ 5,600.00 \$ 11,660.00 \$ 14,375.00 \$ 2,715.00 \$ 5,600.00 \$ 11,660.00 \$ 14,375.00 \$ 2,715.00 \$ 5,600.00 \$ 11,660.00 \$ 14,375.00 \$ 2,715.00 \$ 5,600.00 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 4,100.00 Prepaid Expenses 0ther Assets \$ 5,000.00 Prepaid Expenses Venue Deposit \$ 1,500.00 \$ 1,500.00 \$ 600.00 \$ 5,600.00 \$ 11,660.00 \$ 14,375.00 \$ 2,715.00 \$ 5,000.00 \$ 0,000 \$ 11,660.00 \$ 14,375.00 \$ 2,715.00 \$ 5,000.00 \$ 11,660.00 \$ 14,375.00 \$ 2,715.00 \$ 5,000.00 \$ 11,660.00 \$ 14,375.00 \$ 2,715.00 \$ 395.00 \$ 1,200.00 \$ 1,200.00 \$ 1,200.00 \$ 630.00 \$ 50.00 \$ 1,260.00 \$ 1,280.00 \$ 630.00 \$ 55.00 \$ 1,260.00 \$ 1,280.00 \$ 630.00 \$ 55.00 \$ 1,260.00 \$ 1,280.00 \$ 630.00 \$ 55.00 \$ 1,260.00 \$ 1,280.00 \$ 630.00 \$ 55.00 \$ 1,260.00 \$ 1,235.00 \$ 350.00 \$ 2,230.00 \$ 1,315.00 \$ 1,0400.00 \$ 12,135.00 \$ 1,735.00 \$ 2,230.00 \$ 10,400.00 \$ 12,485.00 \$ 2,085.00 \$ 2,715.00 \$ 1,050.00 \$ 1,660.00 \$ 14,375.00 \$ 2,715.00 \$ 2,715.00

er Expenses	
lifornia Assessment	\$
ing Fees	\$ \$ \$ \$
rectory Expense	\$
nferences/Trainings	\$
a a ba an la facta de cal	ć
nolarships Funded	Ş
holarships Funded ther Programs	\$
	\$ \$ \$
ther Programs	\$ \$

CTXXXXXXX

1,500

1,890

3,000

1,050 4,920

CT-TR-1 Completed Form and Attachment

p. 060017)					DEPARTMENT OF JUS PAGE	
MAILTO. Registry of Charitable Trusts P.O. Box 003447 Sacramento, CA 94203-4470 STREET ADORESS: 1300 I Street		ATTORNEY GE Section 12586	REASURER'S REPORT ENERAL OF CALIFORI California Government Code Code Regs., Section 301	8-1 I	For Registry Use	Only
Sacramento, CA 95814 916) 210-6400		(F	ORM CT-TR-1)	I		
WEBSITE ADDRESS						
AAUW Branch					CTXXXXXXXX	
Name of Organization			State Charity	Registration Numb		
Branch Address Address (Number and Street)			Corporation o	r Organization No.	XXXXXXXXX	
Branch Address			1			
City or Town, State and ZIP Code	ē		Federal Empl	oyer I.D. No. XX-		
For an	inual :	accounting period (beginni	ng <u>07 / 01 / 21</u> ending	06 / 38 / 2	2)	
		BA	LANCE SHEET			
ASSETS			LIABILITIES			
Cash	\$	8,375	Accounts Payable	\$		
Savings	\$	4,500	Salary Payable	S		- 11
Investment	\$		Other Liabilities	5	1,890	Î
Land/Buildings	\$	Ū	TOTAL LIABIL	TES \$	1,890	
Other Assets	\$	1,500		<u> </u>	1,850	
TOTAL ASSETS	\$	14,375	FUND BALANC			
			Total Assets less 1	fotal Liabilities \$	12,485)
		REVE	NUE STATEMENT			
REVENUE			EXPENSES			
Cash Contributions	\$	2,100	Compensation of C	Micers/Directors \$	8	
The second s	\$	1	Compensation of t	Staff \$		1
Noncash Contributions		2,000	Fundraising Exper	ses \$	2,250	- 1
Noncash Contributions Program Revenue	\$					
	5	1	Rent	\$		
Program Revenue			Rent Utilities	s		
Program Revenue Investments	\$	5,600	10000		50	
Program Revenue Investments Special Events Other Revenue	s s s		Utilities	5	50 395	
Program Revenue Investments Special Events Other Revenue TOTAL REVENUE	5	5,600 9,700	Utilities Supplies/Postage	5	395	_
Program Revenue Investments Special Events Other Revenue TOTAL REVENUE	s s s		Utilities Supplies/Postage Insurance	5 5 5 5	395 4,920	
Program Revenue Investments Special Events Other Revenue	\$ \$ \$ \$		Utilities Supples/Postage Insurance Other Expenses	5 5 5 5	395	
Program Revenue Investments Special Events Other Revenue TOTAL REVENUE NET REVENUE Total Revenue less Total Expense	S S S S S S S S S S S S	9,700 2,085 ury that I have examined thi	Utilities Supples/Postage Insurance Other Expenses TOTAL EXPER	S S S ISES S	395 4,920 7,615	cnowled

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

Go to intro page: tps://bpd.cdn.sos.ca. ov/bizfile/submission over-sheet-be.pdf		Mains and checks or measure retriers repaired Norman conservations of the statement in including blackment in including blackment is a starting the statement of the st	A service of the second service of the second secon	On-L or	noose: ine filing ur pdf form below			
Secretary of State Statement of Information (California Nonprofit, Credit Uni	SI-100]		INDIVIDUAL	rocess (Must provide either Individu - Complete Items 5a and 5b only.		name and California s	treet
General Cooperative Corporation	on and ons)			address.	nt's First Name (if agent is not a	Middle Name	Last Name	Su
This form is due withing 90 days of initial re- every two years thereafter.	istration and	\mathbf{k}		corporation)				
Filing Fee - \$20.00		1		Agent Na	12. A second	Chule	bul-	
Certification Fee (Optional) - \$5.00				b. Street Addres not enter a P.O.	s (if agent is not a corporation) - Do Box	City (no abbreviatio		ip Cod
1. Corporation Name (Enter the exact name	e of the	-		Agent Ad	dress		CA	
corporation as it is recorded with the Cali State)	ornia Secretary of	This Space For 0		CORPORAT	ON - Complete Item 5c only. Only i	include the name of the	registered agent Corpo	ration.
AAUW Branch		2. 7-Digit Secretary of Number	-	(S)	istered Corporate Agent's Name (if a			
3. Business Addresses		12		6. Common Int	erest Developments			
a. Street Address of California Principal Offi	ce, if any - Do not	City (no abbreviations)	State Zip Code		f the corporation is an association fo			
enter a P.O. Box		100 0.0	-	the Commer	rling Common Interest Development cial and Industrial Common Interest	Development Act (Calif	ornia Civil Code section	6500
Branch Address		-	CA		propriation must file a Statement by C by California Civil Code sections 540		pment Association (For	m SI-C
b. Mailing Address of Corporation, if differe	nt than item 3a	City (no abbreviations)	State Zip Code	7. Email Notific	ations			
				Provide an err	ail address to opt-in to receive	entity related polifica	tions including State	ment
4. Officers below. An additional title for	Chief Executive O	fficer or Chief Financial Of		Information rem	inders, by email rather than USPS we notices and reminders by USPS	mail. Note: If no email		
however, the preprinted titles (Yes, I opt-in to re	ceive entity notifications via email. E	mail Address:		
a. Chief Executive Officer/ First Name	Middle Name	Last Name	Suffix					
a. Chief Executive Officer/ First Name President Name	Middle Name			T		a new assessment	at of lafarm - the	
a. Chief Executive Officer/ First Name President Name Address		City (no abbreviations)	State Zip Code	To change your	option after filing, you must submit a	a new complete Stateme	nt of Information.	
a. Chief Executive Officer/ First Name President Name Address President Address - Branch	PO Box	City (no abbreviations)	State Zip Code		option after filing, you must submit a			
a. Chief Executive Officer/ First Name President Name Address President Address - Branch b. Secretary/ First Name								
a. Chief Executive Officer/ First Name President Name Address President Address - Branch b. Secretary/ First Name Secretary Name	PO Box	City (no abbreviations)	State Zip Code		option after filing, you must submit a			
a. Chief Executive Officer/ First Name President Name Address President Address - Branch b. Secretary/ First Name Secretary Name Address	PO Box Middle Name	City (no abbreviations)	State Zip Code		option after filing, you must submit a			
a. Chief Executive Officer/ First Name President Name Address President Address - Branch b. Secretary/ First Name Secretary Name Address Secretary Address - Branch	Middle Name	City (no abbreviations)	State Zip Code Suffix State Zip Code	The Information	option after filing, you must submit a contained herein, including in an	y attachments, is true	and correct.	
a. Chief Executive Officer/ First Name President Name Address President Address - Branch b. Secretary/ First Name Secretary Name Address Secretary Address - Branch c. Chief Financial Officer/ First Name	PO Box Middle Name	City (no abbreviations)	State Zip Code	The Information	option after filing, you must submit a contained herein, including in an	y attachments, is true	and correct.	
a. Chief Executive Officer/ First Name President Name Address President Address - Branch b. Secretary/ First Name Secretary Name Address Secretary Address - Branch	Middle Name	City (no abbreviations) Last Name City (no abbreviations) Last Name	State Zip Code Suffix State Zip Code Suffix	The Information	option after filing, you must submit a contained herein, including in an	y attachments, is true	and correct.	
a. Chief Executive Officer/ First Name President Name Address President Address - Branch b. Secretary/ First Name Secretary Name Address Secretary Address - Branch c. Chief Financial Officer/ First Name Treasurer Name	N PO Box Middle Name	City (no abbreviations)	State Zip Code Suffix State Zip Code	The Information	option after filing, you must submit a contained herein, including in an	ry attachments, is true Title	and correct.	
a. Chief Executive Officer/ First Name President Name Address President Address - Branch b. Secretary/ First Name Secretary Name Address Secretary Address - Branch c. Chief Financial Officer/ First Name Treasurer Name Address	N PO Box Middle Name	City (no abbreviations) Last Name City (no abbreviations) Last Name	State Zip Code Suffix State Zip Code Suffix	The Information	option after filing, you must submit a contained herein, including in an Type or Print Name	ry attachments, is true Title	and correct.	Sector

Questions?

CT-NRP-1 Completed Form

STATE OF CALIFORNIA CT-NRP-1 (Rev. 08/2022)	NONPROFIT RA	R REGISTRATION	DEPARTMENT OF JUSTICE PAGE 1 of 3	FTR	STATE OF CALIFOR FRANCHISE TAX B PO BOX 942857 SACRAMENTO CA	94257-0540	
MAIL TO: Office of the Attorney General Registry of Chartable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 13001 Street Sacramento, CA 95814 (916) 210-5400 WEBGITE ADDRESS:	The registration period is J A CHECK IN THE AMOUI	Code section 320.5) anuary 1 to December 31. AT OF \$30 MADE PAYABLE TO CE MUST ACCOMPANY THIS		Entity Sta	tus Letter	Examp1	Date: 9/26/2023 ESL ID: 1057979895
Proof of California Franchise Tax Board exempt statu registration application. This application will otherwi returned to the organization.	is must be attached to this lise be deemed deficient and	(For Regis	(For Registry Use Only) stry Use Only)				
Name of Organization: Branch Name Address of Organization: Branch Address		Raffle Registration Number Provide at least one of the for State Charity Registration Num Federal Employer Identification	bllowing: ber. CTXXXXXX	According to Entity ID: 97	771473	e following entity information is true and accu	
City or Town, State and ZIP Code: Branch Address E-mail Address: Branch Contact E-mail Address Telephone Number:		XX-XXXXXXX SOS Corporation Number: C				ASSOCIATION OF UNIVERSITY WOMEN D	JANVILLE-ALAMO
Branch Contact Telephone Number Fax Number: Please list the date your organization first qualified to condu			alifornia: 11/5/2019	I 3.	The entity is curr	t in good standing with the Franchise Tax Bo rently exempt from tax under Revenue and T current information about the entity.	
Specify the organization's tax - exempt status pursuant 23701a Labor, agricultural, or horticultural organizations		23701g Nonprofit pleasure an	nd recreation clubs			administratively dissolved/cancelled on bissolution process.	through the Franchise Tax Board
 23701b Fraternal beneficiary societies, of 23701d Religious, charitable, scientific, t literary, educational, amateur sports or p children or animals organization 	esting for public safety,	23701k Religious or apostolic 23701l Domestic fratemal so	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.				
2370 te Business leagues, chambers of commerce, real estate boards and boards of trade 237011 Oric leagues, social welfare organizations and local employee organizations Proposed date(s) of raffle(s) [REQUIRED] 7/15/23, 9/15/23, ***		23701t Homeowners and associations 23701w Veterans organizations 11/15/23 er December 31, a new registration is required.)		If the en- entity di Californ Californ 23305a, The enti	tity's powers, rigit d business in Ca ia, this information ia during the peri , 23305.1). ity certificate of re	allornia of other governmental agency of bo hits, and privileges were suspended or forfiel alifornia at a time when it was not qualified or on does not reflect the status or voidability of iod the entity was suspended or forfielted (Ri revivor may have a time limitation or may limi Section 23305b).	ted at any time in the past, or if the not registered to do business in f contracts made by the entity in &TC Sections 23304.1, 23304.5,
I declare under penalty of perjury under the including accompanying documents, that	he laws of the State of Ca	lifornia that I have examined this ct and complete, and I am autho	s application for registration,	Connect Wi Web: Phone:	ftb.ca.gov 800-852-57	111 from 7 a.m. to 5 p.m. weekdays, except s 500 from outside the United States	state holidays
Signature of Authorized Office	er or Director Who Prep	ared This Form	Date		e: 711 or 800-7	735-2929 (For persons with hearing or speed	ch impairments)
	check 2370	d if branch is a s			https:/	itity Status Letter, go to //www.ftb.ca.gov/help -letter.asp	

ITATE OF CALIFORNIA IT-ARP-2 Rev: 08/2022) MAIL TO: Office of the Attorney General Registry of Charitable Trusts P. O. Box 90:03447 Sacramento, CA 94203-4470 STREET ADDRESS: T300 I Sreet Sacramento, CA 96814 (916) 210-6400 WERSTE ADDRESS:	A report must be completed for each year in which a raffle was conducted (January 1 through December 31). The report is due on or before February 1.	DEPARTMENT OF JUSTICE PAGE 1 df 4	If the answer is yes,	NONPROFIT RAFFLE	REPORT	
Office of the Attorney General Registry of Chantable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADORESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400	which a raffle was conducted (January 1 through December 31). The report is due on or before February 1.		If the answer is yes,	me proceeds used for the benefit of a		
Sacramento, CA 95814 (916) 210-6400				provide the following information belo nal sheets of paper, if necessary.	w for each organization for which the proceed	Yes 🛄 No ds were
				\$		
	(California Penal Code section 320.5)		Recipient Organization	Dol	llar Amount of Raffle Proceeds to Recipient O	rganization
www.oag.ca.gowcharities		(For Registry Use Only)				
PART A: General Organization	Penorting Information	(Address of Recipient Organization	Cor	ntact Person for Recipient Organization	
			City, State, and ZIP Code	Tel	ephone Number of Recipient Organization	
Name of Organization: Provide at least one of the following		(1994)				
Address of Organization:	State Charity Registration Nu	nber:	Part C: Certification by Au	thorized Officer or Director of	Reporting Organization	
Address of Organization: Raffle Registration Number:			I hereby certify that:			
City or Town, State and ZIP Code:						True False
E-mail Address:	Federal Employee Identification	on Number (FEIN):	of raffle tickets was used f		eduction of expenses) received from the sale as of the eligible organization conducting the	
z-mail Address.	SOS Corporation Number or I	TB Organization Number:				
Telephone Number:					e purposes were provided to an officer, 056) of the organization which conducted the	
Fax Number:					e(s) was compensated by the organization I for beneficial or charitable purposes.	
Part B: Raffle Information					ted to one which meets the definition of a slot 330b, or 330.1, was used in conducting the	
1. Raffle year ending December	31,		0000000000	narthership or other legal entity has a	r holds a financial interest in the conduct of	++-
	(Year)		the raffle(s) other than the	organization conducting the raffle(s)	or any private, nonprofit eligible organization	
Aggregate gross receipts from	the operation of raffle(s): \$		which received funds from			
	d by the organization from the operation of raffle(s):	A CONTRACT OF CONTRACT OF CONTRACT		and no raffle tickets were sold, traded, ng facility, or gambling establishment.	, or redeemed, within an operating racetrack	
	ipts received from ticket sales must be used for the b ation or for the benefit of another eligible organizatio			ed or redeemed over the Internet.	S	
4. exceed 10% of gross receipts a	and did your organization use funds from sources of			d for any purpose outside of California	1	-
sales to offset costs?			If the answer to any question in	Part C, Items 1 through 8, was "Fal	se," please explain the circumstances that	
If yes,				ts of paper, if necessary, for the ex the question number next to each	xplanation. If the answer to more than one	question
	other than ticket sales used for the administration or	other costs of conducting the		and geodesi nameer next to bach		
raffle(s)? \$		×			lifornia that I have examined this report, in mplete, and I am authorized to sign.	cluding
4(B) What was the source of th	hese funds?			r or Director Who Prepared the port	Date	
5. Describe the charitable or ben						
for which the raffle proceeds w	vere used.		Printed Name of Autho	orized Officer or Director	Title of Authorized Officer or Directo	or

CT-NRP-2 Source Information

			Year 1
Revenues:			Teari
Operating	Income		
	es Income	\$	2,100.00
Program Ir	ncome	\$	2,000.00
		\$	4,100.00
Project Inc	ome		
Fundraisin	gIncome		
	Local Scholarships	\$	5,000.00
	Local Scholarships 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
Conferenc	es/Trainings	\$	500.00
		\$	1,315.00
-	xpenditures		
Fundraisin			
	Local Scholarships	\$	2,230.00
	Local Scholarships Raffle	\$	20.00
Program E	xpenditures		
	Scholarships Funded	\$	3,000.00
	Other Programs	\$	1,050.00
	Total Expenses	\$	7,615.00
Powonuo loss Fr		s	2,085.00
Revenue less Ex	penses	\$	2,085.00

	Form CT-NRP-2
Part	B: Raffle Information
1.	Raffle year ending December 31, 2023 (Year)
2.	Aggregate gross receipts from the operation of raffle(s): \$ 600
3.	Aggregate direct costs incurred by the organization from the operation of raffle(s): \$ 20

Expenses must be no more than 10% of proceeds

		CT-NRP-2 Cor	nple	eted Form				
STATE OF CALIFORNIA CT-NRPS 2 (fine: 06/2022) NONPROFIT RAFFLE REPORT		NONPROFIT RAFFLE REPORT			IT RAFFLE REPO		2 af 4)
MAIL TO: Office of the Altorney General Registry of Chantable Trusts P.O., Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS:		6.	Were some or all of the raffle proceeds used for the If the answer is yes, provide the following int used. Attach additional sheets of paper, if no	ormation below for eac		Yes 🔲 M	lo	
1300 I Street Sacramento, CA 95814	The report is due on or before February 1.				e			1
(916) 210-6400 WEBSITE ADDRESS	(California Penal Code section 320.5)		Recip	ent Organization	Dollar Amou	int of Raffle Proceeds to Recipient O	rganizatio	n
www.pag.ca.gow/charities		(For Registry Use Only)						
		(For Registry Use Only)	Addre	ss of Recipient Organization	Contact Pers	son for Recipient Organization		-
PART A: General Organi	ization Reporting Information							
Name of Organization:	Provide at least one of the f	ollowing:	City, S	State, and ZIP Code	Telephone N	lumber of Recipient Organization		
AAUW Citrus Heights America	a River Branch State Charity Registration N	umber: CT0269774	Part	C: Certification by Authorized Officer or	Director of Report	ting Organization		_
Address of Organization:	Raffle Registration Number	RF00009489						
Bra			I he	reby certify that:				
City or Town, State and ZIP Co	ode: Federal Employee Identifica	tion Number (FEIN):					True Fa	se
Branch Address 84-3730820			1)	At least 90% of the gross receipts (total dollar amo				-
E-mail Address: Branch Email Address SOS Corporation Number or FTB Organization Number:				of raffle tickets was used for the beneficial or char raffle or for the benefit of another eligible organiza		eligible organization conducting the	~	
Branch Email Address	4528185	r FTB Organization Number:	0.251					
Telephone Number.		2) 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						
Branch contact Phone Number	r.			raffle(s).		ā.		-
Fax Number:			3)	No person involved in or connected with the conducting the raffle(s) from raffle proceeds requi			~	
Part B: Raffle Informatio			4)	No gaming machine, apparatus or device, includir machine as described in California Penal Code se raffle(s).			V	
 Rame year ending Dec 	(Year)		1	20111073680				_
2. Aggregate gross receip	pts from the operation of raffle(s): \$ 600		5)	No individual corporation, partnership or other leg- the raffle(s) other than the organization conducting			V	7
	incurred by the organization from the operation of raffle(s)	- C 00		which received funds from the raffle(s).				-
At least 90% of the gro	ass receipts received from ticket sales must be used for the organization or for the benefit of another eligible organizat	beneficial or charitable	6)	No raffle was conducted, and no raffle tickets were enclosure, satellite wagering facility, or gambling of		med, within an operating racetrack	~	
4. exceed 10% of gross re	eceipts and did your organization use funds from sources		7)	Tickets were not sold, traded or redeemed over th	e Internet.		V	1
sales to offset costs?			8)	Raffle funds were not used for any purpose outsid	e of California.		V	T
If yes,				answer to any question in Part C, Items 1 throug				_
4(A) Total funds from s raffle(s)?	sources other than ticket sales used for the administration	or other costs of conducting the		swer. Use additional sheets of paper, if necess t C was "False," reference the question number			question	
\$ 4(B) What was the sou	urce of these funds?			are under penalty of perjury under the laws of the panying documents, that the content is true, co			cluding	
5. Describe the charitable	e or beneficial purpose Scholarships to attend American Rive	College	S	gnature of Authorized Officer or Director Who Prep Report	ared the	Date		
for which the raffle pro-	ceeds were used.							
			_	Printed Name of Authorized Officer or Director		Title of Authorized Officer or Direct	or	