# **Financial Statements End of Year 1**

Statement of Activities			Stateme	nt
		Year 1		
venues:			Assets:	
Operating Income			Current Assets	
Branch Dues Income	\$	2,100.00	Checking Account	
Program Income	\$	2,000.00	Savings Account	
	\$	4,100.00		
Project Income				
Fundraising Income			Prepaid Expenses	
Local Scholarships	\$	5,000.00	Venue Deposit	
Local Scholaships Raffle	\$ \$	600.00	Total Assets	
	\$	5,600.00		
			Liabilities:	
Total Revenues	\$	9,700.00	Current Liabilities	
			AAUW CA Dues	
es:			AAUW National Due	s
Operating Expenses			AAUW National Don	at
Insurance	\$	395.00	Deferred Income	
Postage	\$	50.00	Deferred Branch Due	es
California Assessment	\$	65.00		-
Filing Fees	\$	55.00		
Directory Expense	\$	250.00	Net Assets:	
Conferences/Trainings	\$ \$ \$	500.00	Restricted:	
	\$	1,315.00	Local Scholarships	
Program Expenditures			AAUW National	_
Fundraising Expenses				-
Local Scholarships	\$	2,230.00	Unrestricted:	
Local Scholarships Raffle	\$	20.00	Unrestricted Net Ass	el
Program Expenditures			Total Net Assets	-
Scholarships Funded	\$	3,000.00		
Other Programs	\$	1,050.00	Total Liabilities and Net Assets	
Total Expenses	\$	7,615.00		

			_							
Statement	Statement of Financial Position									
	Y	r 1 Begin		Yr 1 End		Change				
ssets:										
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				
otal Assets	\$	11,660.00	\$		\$	2,715.00				
abilities:	-	_	-	_	_					
<b>Current Liabilities</b>										
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				
et Assets:										
Restricted:										
Local Scholarships	\$	-	\$	350.00	\$	350.00				
AAUW National	\$ \$ \$		\$ \$							
	\$	-	\$	350.00	\$	350.00				
Unrestricted:										
Unrestricted Net Asset				12,135.00	\$	1,735.00				
otal Net Assets	\$	10,400.00	\$	12,485.00	\$	2,085.00				
atal Liabilitian and Nat Asset	÷	11 660 00	~	14 375 00	÷	2 715 00				
otal Liabilities and Net Assets	Ş	11,660.00	Ş	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:

а.	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.
- 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

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Bacramento, CA 92514 (916) 210-6400 WEBSITE ADDRESS: www.cag.ca.gov/sharitise Name of Organization List all DBAs and names the org Address (Number and Street) City or Town, State, and ZIP Co	TO A Se 1 organization's ac minimum tax of \$8 23703	L REGISTRATION REI ATTORNEY GENERAL ections 12586 and 12587, Califor 1 Cal. Code Regs. sections 301-3 this report annually no later than four m counting period may result in the loss o 100, plus interest, and/or fines or filing pr ; Government Code section 12586.1. If	OF CALIFO nia Government Cr     306, 309, 311, and 3     sonths and fifteen days     f tax exemption and th     enalties. Revenue & Ta     RS extensions will be h     Check If:     Change     Amend     State Chari	RNIA ode 312 after the end of the e assessment of a boation Code section ionored.	GE 1 of 5		https://rct.doj.ca.gov/Verification/Web /Search.aspx?facility=Y
in the second seco							
Telephone Number	E-mail Addres	88	Federal Em	ployer ID No.			
ANNUAL	REGISTRATION	RENEWAL FEE SCHEDULE (11 Make Check Payable to Dep			$\smile$		
Total Revenue	Fee	Total Revenue	Fee	Total Revenue		Fee	
Less than \$50,000 Between \$50,000 and \$100,00 Between \$100,001 and \$250,0		Between \$250,001 and \$1 mill Between \$1,000,001 and \$5 m Between \$5,000,001 and \$20 m	illion \$200	Between \$20,000,001 and \$100 m Between \$100,000,001 and \$500 m Greater than \$500 million	million	\$800 \$1,000 \$1,200	
PART A - ACTIVITIES							
For your most recen	t full accounting	period (beginning / /	ending	/ / ) list:			
Total Revenue \$ (including noncash contributions)		Noncash Contribution	is \$	Total Assets \$			
Progr	am Expenses \$		Total Expenses \$			_	
Note: All questions must b	e answered. If y	IZATION DURING THE PERIOD O rou answer "yes" to any of the qu to for each "yes" response. Pleas	uestions below, yo	u must attach a separate page structions for information required.	Yes	No	
		contracts, loans, leases or other fin					
				or trustee had any financial interest?		<u> </u>	
<ol><li>During this reporting period.</li></ol>	, was there any th	tert, embezziement, diversion or mi	isuse of the organiza	ation's charitable property or funds?	<u> </u>		
<ol><li>During this reporting period.</li></ol>	were any organia	zation funds used to pay any penal	Ity, fine or judgment	?			
<ol> <li>During this reporting period, coventurer used?</li> </ol>	were the service	es of a commercial fundraiser, fund	raising counsel for c	haritable purposes, or commercial			
<ol><li>During this reporting period,</li></ol>	did the organizat	tion receive any governmental fund	Sing?				
<ol><li>During this reporting period.</li></ol>	did the organizat	tion hold a raffle for charitable purp	oses?				
<ol><li>Does the organization cond</li></ol>							
<ol> <li>Did the organization conduct generally accepted account</li> </ol>		t audit and prepare audited financia this reporting period?	al statements in acco	ordance with			
9. At the end of this reporting	period, did the org	ganization hold restricted net asset	s, while reporting ne	gative unrestricted net assets?			
		examined this report, including a te, and I am authorized to sign.	ccompanying docu	uments, and to the best of my know	ledge a	nd	
Signature of Authorize	ed Agent	Printed Name		Title	Da	ite	

## **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
xpenses:		
Operating Expenses		
Insurance	\$	395.00
Postage	\$	50.00
California Assessment	\$	65.00
Filing Fees	\$	55.00
Directory Expense	\$	250.00
Conferences/Trainings		500.00
concrete sy trainings	\$ \$	1,315.00
Program Expenditures	Ļ	1,515.00
Fundraising Expenses		
Local Scholarships	\$	2,230.00
Local Scholarships	\$	2,230.00
Program Expenditures	Ŷ	20.00
<b>C</b>	\$	3,000.00
Scholarshins Funded		1,050.00
Scholarships Funded	с	T,020.00
Scholarships Funded Other Programs	\$	,
		7,615.00
Other Programs		

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				

Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million \$200 Between \$100,000,001 and \$500 million \$1,00				RRF-1				
Less than \$50,000       \$25       Between \$250,001 and \$1 million       \$100       Between \$20,000,001 and \$100 million       \$800         Between \$100,001 and \$250,000       \$75       Between \$1,000,001 and \$5 million       \$100       Between \$100,000,001 and \$500 million       \$10,000,001 and \$500 million       \$11,200,000,001 and \$500,000,001 and \$500,001 an	ANNUAL REG	GISTRATION				ctions 301-307, 311, and 312	2)	
Between \$50,000 and \$100,000       \$50       Between \$1,000,001 and \$5 million \$200       Between \$100,000,001 and \$500 million \$1,00         Between \$100,001 and \$250,000       \$75       Between \$5,000,001 and \$20 million \$400       Between \$100,000,001 and \$500 million \$1,00         PART A - ACTIVITIES       For your most recent full accounting period (beginning 7/1/21 ending 6/30/22 ) list:       700       Noncash Contributions \$ Total Assets \$ 14.375         Total Revenue \$ (including noncash contributions)       9,700       Noncash Contributions \$ 7,615       Ideave Program Expenses \$ 7,615         Leave Program Expenses blank if your organization has less than       Your organization has less than       Ideave than \$100,000,001 and \$1,000,001 and \$1,000,000,001 and \$1,000,001 and \$1,000,001 and \$1,000,001 an	Total Revenue	Fee	Total Revenue		Fee	Total Revenue		Fee
For your most recent full accounting period (beginning 7/1/21 ending 6/30/22 ) list:         Total Revenue \$         (including noncash contributions)         9,700         Noncash Contributions \$         Total Assets \$         14.375         Program Expenses \$         Total Expenses \$         Total Expenses \$         Total Expenses \$         Total Expenses blank if         your organization has less than	Between \$50,000 and \$100,000	\$50	Between \$1,000,001	and \$5 million	\$200	Between \$100,000,001 and		\$800 \$1,00 \$1,20
Total Revenue \$       9,700       Noncash Contributions \$       Total Assets \$       14.375         Program Expenses \$       Total Expenses \$       7,615         Leave Program Expenses blank if your organization has less than	PART A - ACTIVITIES							
(including noncash contributions) 9,700 Noncash Contributions \$ Total Assets \$ 14.375 Program Expenses \$ Total Expenses \$ 7,615 Leave Program Expenses blank if your organization has less than	For your most recent fu	Il accounting	period (beginning	7/1/21	ending	6/30/22 ) list:		
Leave Program Expenses blank if your organization has less than		9,700	Noncash Co	ntributions \$		Total Assets \$	14.375	
your organization has less than	Program	Expenses \$	<b>X</b>	Total	Expenses \$	7,615		
	-		your	organizat	ion has l			

# **RRF-1 Completed Form and Attachment**

STATE OF CALIFORNIA UIT-1 Rev. (202021) MAL TO: Regulary of Chawfadele Tualis P/D. Bace 9034477 Sitemanette, CA 94203-4470 STREET ADDRESS: 13001 Street	TO	L REGISTRATION RENEWA ATTORNEY GENERAL OF ( ections 12586 and 12587, California Gov I Cal. Code Regs. sections 301-306, 305	CALIFORNIA vernment Code	DEPARTMENT O	AGE 1 of 5	Ð					AAUW arity Reg al Year E chment	gistrati inding	ion Nu 6/30/2	22	
Sactamento, CA 95814 (916) 210-6400 WEBSITE ADORESS:	Failure to submit organization's as minimum tax of \$8	this report annually no later than four months an counting period may result in the loss of tax exe 60, plus interest, and/or fines or filing penalties. I & Government Code section 12586.1. IRS exten	nd fifteen days after the end of the emption and the assessment of a Revenue & Taxation Code section					1.	Local Scho	larshin R	affle at I	unche	on		9/25/2021
AAUW Branch Name of Organization			Check if: Change of address Amended report				Ш								57257262
Branch Address Address (Number and Street)			State Charity Registration Nun	nber CTXXXX	000										
Branch Address City or Town, State, and ZIP Co Contact #		-mail Address	Corporation or Organization N												
Telephone Number	E-mail Addre		Pederal Employer to No.	-XXXXXXXX		_									
ANNUAL	REGISTRATION	RENEWAL FEE SCHEDULE (11 Cal. Co Make Check Payable to Department		11, and 312)											
Total Revenue	Fee	Total Revenue	Fee Total Revenue		Fee										
Less than \$50,000 Between \$50,000 and \$100,00 Between \$100,001 and \$250,0		Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 million	\$200 Between \$100,0	00,001 and \$100 m 000,001 and \$500 500 million		000									
PART A - ACTIVITIES															
Eor would most meet						_									
	t full accounting	period (beginning 7 / 1 / 21	ending 6 / 30 / 22	) list:		1									
Total Revenue \$ (including noncash contributions)	9,700	Noncash Contributions \$	ending <u>6 / 30 / 22</u> Total As		75										
Total Revenue \$ (including noncash contributions)		Noncash Contributions \$	0 30 7 22		75		H								
Total Revenue \$ (including noncash contributions) Progr PART B STATEMENTS DEC	9,700 ram Expenses \$	Noncash Contributions \$ Total E	Total As Expenses \$ 7,615	sets \$14,3	75		l								
Total Revenue \$ (Including noncash contributions) Progr PART B. CTATEMENTS DECO Note: All questions must b providing an explana	9,700 ram Expenses \$ APDING OPGAN be answered. If y ation and details	Noncash Contributions \$ Total E	Total As Total As Expenses \$ 7,615 S DEPORT is below, you must attach a se w RRF-1 instructions for infor	sets \$ 14,3					*						
Total Revenue \$ (including noncash contributions)           Progr           PART D. STATEMENTS DECO.           Note:         All questions must be roviding an explana           1.         During this reporting period.	9,700 ram Expenses \$ APDING OPCAN be answered. If y ation and details , were there any o	Noncash Contributions \$ Total E	Total As Total As Expenses \$ 7,615 BEROOT is below, you must attach a so w RRF-1 instructions for infor ransactions between the organic	sets \$ 14,3	Yes N	ko			9						
Total Revenue \$ (including noncash contributions)         Progr           PART 0STATEMENTS DECU.         Progr           Note:         All questions must b providing an explan:           1.         During this reporting period, officer, director or trustee th	9,700 ram Expenses \$ approve oppose be answered. If y ation and details , were there any oppose tereof, either direct	Noncash Contributions \$ Total E Total E UTATION DURING THE REPLOD OF THE rou answer "yes" to any of the question: for each "yes" response. Please revie contracts, loans, leases or other financial tr	Total As Total As Expenses \$ 7,615 a proper is below, you must attach a sc w RRF-1 instructions for infor ransactions between the organic cer, director or trustee had any f	sets \$ 14,3 aparate page rmation required zation and any financial interest?	Yes N	_			*						
Total Revenue \$ (including noncash contributions)           Progr           PART D. CTATEMENTS DECOR           Note:         All questions must b providing an explain.           1.         During this reporting period, officer, director or trustee th           2.         During this reporting period,	9,700 ram Expenses \$ be answered. If y ation and details , were there any of sereof, either direc , was there any th	Noncash Contributions \$ Total E Total E UTATION DISPING THE REPIOD OF THE You answer "yes" to any of the questions for each "yes" response. Please revie contracts, loans, leases or other financial to thy or with an entity in which any such offic	Total As Total As Expenses \$ 7,615 a occoort as below, you must attach a so w RRF-1 instructions for infor ransactions between the organi- core, director or trustee had any fi f the organization's charitable pr	sets \$ 14,3 aparate page rmation required zation and any financial interest?	Yes N	/			*						
Total Revenue \$ (including noncash contributions) Progr PART B. CTATEMENTE DECO. Note: All questions must b providing an explan: 1. During this reporting period, 3. During this reporting period,	9,700 ram Expenses \$ ADDING ODG AN be answered. If y ation and details (, were there any of tereof, either direct (, was there any the l, were any organi	Noncash Contributions \$ Total E Total E NUMERIC THE REPLOD OF THIS rou answer "yes" to any of the questions if or each "yes" response. Please review contracts, loans, leases or other financial th thy or with an entity in which any such offici heft, embezziement, diversion or misuse of	Total As Total As Expenses \$ 7,615 as below, you must attach a s w RRF-1 instructions for infor ransactors between the organi- cer, director or trustee had any fi f the organization's charitable pr or judgment?	sets \$ 14,3 apparate page rmation required zation and any financial interest? roperty or funds?	Yes N	× ×			*						
Total Revenue \$ (including noncash contributions) Progr PART B. CTATEMENTE DECO Note: All questions must b providing an explani 1. During this reporting period, officer, director or trustee th 2. During this reporting period, 3. During this reporting period, 4. During this reporting period, coventurer used?	9,700 ram Expenses \$ ADDING ODG AN be answered. If y ation and details , were there any the recof, either direct , was there any the , were there any organi , were the service	Noncash Contributions \$ Total E UTATION DUBLING THE REPLICE OF THE You answer "yes" to any of the questions is for each "yes" response. Please review ontracts, loans, leases or other financial to city or with an entity in which any such offic heft, embezziement, diversion or misuse of zation funds used to pay any penalty, fine	Total As Total As Expenses \$ 7,615 as below, you must attach a s w RRF-1 instructions for infor ransactors between the organi- cer, director or trustee had any fi f the organization's charitable pr or judgment?	sets \$ 14,3 apparate page rmation required zation and any financial interest? roperty or funds?	Yes N			/	<b>A</b>						
Total Revenue \$ (including noncash contributions)         Progr           PART 0. STATEMENT DECL         Progr           Note:         All questions must be rowiding an explan.           1. During this reporting period, officer, director or trustee th           2. During this reporting period, officer, directoring period, coventurer used?           5. During this reporting period, coventurer used?	9,700 ram Expenses \$ be answered. If y ation and details t, were there any or ereof, either direc t, was there any th t, were any organi t, were the service t, did the organiza	Noncash Contributions \$ Total E Total E Internet State State State For ach "yes" to any of the question: for each "yes" to ponse. Please revie contracts, loans, leases or other tinancial to thy or with an entity in which any such offic neft, embezziement, diversion or misuse of zation funds used to pay any penalty, fine of so of a commercial fundraiser, fundraising of tion receive any governmental funding?	Total As Total As Expenses \$ 7,615 COEDORY Is below, you must attach a so w RRF-1 instructions for infor ransactions between the organic ter, director or trustee had any ! if the organization's charitable pr or judgment? counsel for charitable purposes,	sets \$	Yes N				*						
Total Revenue \$ (including noncash contributions)         Progr           PART 0. STATEMENT DECL         Progr           Note:         All questions must be rowiding an explan.           1. During this reporting period, officer, director or trustee th           2. During this reporting period, officer, directoring period, coventurer used?           5. During this reporting period, coventurer used?	9,700 ram Expenses \$ ADDING ODG AN be answered. If y ation and details (, were there any of the ereof, either direct (, were there any organi ), were the service I, did the organiza ), did the organiza	Noncash Contributions \$ Total E UZATION DUBING THE REPIOD OF THE rou answer "yes" to any of the questions is for each "yes" response. Please review contracts, tooms, teases or other financial city or with an entity in which any such offic heft, embezziement, diversion or misuse of ization funds used to pay any penalty, fine is of a commercial fundraiser, fundraising of tion receive any governmental funding? tion hold a raffle for charitable purposes?	Total As Total As Expenses \$ 7,615 COEDORY Is below, you must attach a so w RRF-1 instructions for infor ransactions between the organic ter, director or trustee had any ! if the organization's charitable pr or judgment? counsel for charitable purposes,	sets \$	Yes N				*						
Total Revenue \$ (including noncash contributions) Progr PART 9. STATEMENTS DEC. Note: All questions must b roviding an explan. 1. During this reporting period, officer, director or trustee th 2. During this reporting period, 3. During this reporting period, 3. During this reporting period, 5. During this reporting period, 6. During this reporting period, 7. Does the organization conduct 8. Did the organization conduct	9,700 ram Expenses \$ Deanswered. If y ation and details , were there any organi , were there any organi , were the service , did the organiza , did the organiza tuct a vehicle don ot an independent	Noncash Contributions \$ Total E Total E Total E Total E Total E Total E Total Control Control Control Total Control Cont	Total As Total As Expenses \$ 7,615 Expenses \$ 7,757 Expenses \$ 7,757 Expenses \$ 7,757 Expenses \$	sets \$	Yes N				2						
Total Revenue \$ (including noncash contributions)         Progr           PART 0.         STATEMENTS DEC.           Note:         All questions must be rowiding an explan.           1.         During this reporting period, officer, director or trustee th           2.         During this reporting period, officer, director generating period, output this reporting period, coventurer used?           5.         During this reporting period, coventurer used?           6.         During this reporting period, coventurer used?           7.         Does the organization conduc generally accepted account	9,700 ram Expenses \$ Deanswered. If y ation and details were there any organi were the service was there any organi were the service d, did the organiza d, did the organiza fuct a vehicle don or an independent ing principles for	Noncash Contributions \$ Total E Total E Total E Total E Total E Total E Total Control Control Control Total Control Cont	Total As Total As Expenses \$ 7,615 Second as below, you must attach a sec w RRF-1 instructions for infor ransactions between the organization's charitable pur- f the organization's charitable purposes. Att Sch With Dates of ments in accordance with	sets \$					*						
Total Revenue \$ (including noncash contributions) Progr PART B. STATEMENTS DEC. Note: All questions must b roviding an explana 1. During this reporting period, officer, director or trustee th 2. During this reporting period, 3. During this reporting period, 4. During this reporting period, 5. During this reporting period, 6. During this reporting period, 7. Does the organization conduct generally accepted account 9. At the end of this reporting period is period in this reporting period is period.	9,700 ram Expenses \$ be answered. If y ation and details to wate there any of ereof, either direct was there any organi t, were the service t, did the organiza t, did the organiza tuct a vehicle don of an independent ting principles for period, did the org jury that I have e	Noncash Contributions \$ Total E Total E Total E Total E Total E Total Participation of the second rou answer "yes" to any of the questions rou answer "yes" to any of the questions. Please review contracts, loans, leases or other financial for the the second to any such offic reft, embezziement, diversion or misuse of zation funds used to pay any penalty, fine of so of a commercial fundraiser, fundraising of tion receive any governmental funding? tion hold a raffle for charitable purposes?A ation program? t audit and prepare audited financial statem this reporting period?	Total As Total As Expenses \$ 7,615 Expenses \$ 7,757 Expenses \$ 7,757 Expenses \$ 7,757 Expenses \$	sets \$					*						
Total Revenue \$ (including noncash contributions) Progr PART B. STATEMENTS DEC. Note: All questions must b roviding an explana 1. During this reporting period, officer, director or trustee th 2. During this reporting period, 3. During this reporting period, 4. During this reporting period, 5. During this reporting period, 6. During this reporting period, 7. Does the organization conduct generally accepted account 9. At the end of this reporting period is period in this reporting period is period.	9,700 ram Expenses \$ be answered. If y ation and details to wate there any of ereof, either direct was there any organi t, were the service t, did the organiza t, did the organiza tuct a vehicle don of an independent ting principles for period, did the org jury that I have e	Noncash Contributions \$ Total E Total E International Control of the question: for each "yes" to any of the question: for each "yes" to any of the question: to use the second of the second of the second contracts, loans, leases or other financial to the second of the second of the second of the second of the second of the second of the cation funds used to pay any penalty, fine is ation funds used to pay any penalty, fine is so of a commercial fundraiser, fundraising of tion neceive any governmental funding? tion hold a raffle for charitable purposes? ation program? taudit and prepare audited financial statem this reporting period? ganization hold restricted net assets, while examined this report, including accompt	Total As Total As Expenses \$ 7,615 Expenses \$ 7,757 Expenses \$ 7,757 Expenses \$ 7,757 Expenses \$	sets \$					*						

TATE OF GALIFORNIA T-TR-1 Vig. 09/2017) MAIL TO:	1			DEPARTMENT OF JUSTICE PAGE 1 of 4
Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470	ANNUAL TR ATTORNEY GE			
STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400	Section 12586, 11 Cal. C			
WEBSITE ADDRESS: www.oag.ca.gov/charities		ORM CT-TR-1)		
Name of Organization			State Charity Registration Nur	nber
Address (Number and Street)			Corporation or Organization N	o
City or Town, State and ZIP Code	3		Federal Employer I.D. No.	
For a	nnual accounting period ( beginnin	ng//	ending / /	)
	BAI	LANCE SHEET	r	
ASSETS		LIAB	ILITIES	
Cash	s	Acc	ounts Payable	\$
Savings	\$	Sala	ary Payable	\$
Investment	s	Oth	er Liabilities	\$
Land/Buildings	\$		TOTAL LIABILITIES	\$
Other Assets	\$		D BALANCE	
TOTAL ASSETS	\$		al Assets less Total Liabilities	\$
				·
	REVEN	NUE STATEME	NT	
REVENUE		EXPE	ENSES	
Cash Contributions	\$	Con	pensation of Officers/Directors	\$
Noncash Contributions	\$	Con	npensation of Staff	\$
Program Revenue	\$	Fun	draising Expenses	\$
Investments	\$	Ren	t	\$
Special Events	\$	Utili	ties	\$
Other Revenue	\$	Sup	plies/Postage	\$
TOTAL REVENUE	\$			\$
NET REVENUE				\$
Total Revenue less Total Exper	nses \$	j L	TOTAL EXPENSES	\$
	of perjury that I have examined this correct and complete and I am auth		accompanying documents, ar	nd, to the best of my knowledge
Signature of Authorized	Agent Prin	ted Name	Title	Date
·				

## **CT-TR-1** Balance Sheet Source Information

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>	\$ 1,215.0	Savings \$ 4,500 Salary Payable \$
Savings Account	\$ 4,500.00	\$ 4,500.00		Investment \$ Other Liabilities \$ 1,890
				Land/Buildings \$ TOTAL LIABILITIES \$ 1.890
				Other Assets \$ 1,500
Prepaid Expenses				TOTAL ASSETS S S S S S S S S S S S S S S S S S
Venue Deposit		\$ 1,500.00	. ,	Total Assets less Total Liabilities \$ 12,485
Total Assets	\$ 11,660.00	\$ 14,375.00	\$ 2,715.0	
Liabilities:				
Current Liabilities				
AAUW CA Dues	\$-	\$ -		
AAUW National Dues	\$-	\$-		
AAUW National Donations	\$-	\$-		
Deferred Income				
Deferred Branch Dues	\$ 1,260.00	\$ 1,890.00	\$ 630.0	
	\$ 1,260.00	\$ 1,890.00	\$ 630.0	
Net Assets:				
Restricted:				
Local Scholarships	\$-	\$ 350.00	\$ 350.0	
AAUW National	\$-	\$ -	,	
	\$ -	\$ 350.00	\$ 350.0	
Unrestricted:				
Unrestricted Net Assets	\$ 10,400.00	\$ 12,135.00	\$ 1,735.0	
Total Net Assets		\$ 12,485.00		
Total Liabilities and Net Assets	\$ 11,660.00	\$ 14,375.00	\$ 2,715.0	

## **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		
	Fundraising	g Income		
		Local Scholarships	\$	5,000.00
		Local Scholarships Raffle	\$	600.00
			\$	5,600.00
		Total Revenues	\$	9,700.00
xpenses				
	Operating Ex	(penses		
	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	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
Paulanua	less Expenses		S	2,085.00

		-	N CT-TR-1
REVENUE			EXPEN
Cash Contributions	\$	2,100	Comper
Noncash Contributions	\$		Compe
Program Revenue	\$	2,000	Fundrai
Investments	\$		Rent
Special Events	\$	5,600	Utilities
Other Revenue	\$		Supplie
TOTAL REVENUE	\$	0.700	Insuran
	*	9,700	Other E
NET REVENUE			

2,085

TE	MENT			
E	XPENSES			
	Compensation of Officers/Directors	\$		]
	Compensation of Staff	\$		]
	Fundraising Expenses	\$	2,250	]
	Rent	\$		
	Utilities	\$		
	Supplies/Postage	\$	50	
	Insurance	\$	395	
	Other Expenses	\$	4,920	
	TOTAL EXPENSES	\$	7,615	]

## **CT-TR-1** Attachment Source Information

Statement of Activit	ies		Statemen	t of	Financial F	Posit	ion				
		Year 1		Y	/r 1 Begin	١	/r 1 End	Change	AAUW BRAN	ЭН	
Revenues:			Assets:						State Charity Reg Number:	СТХХХ	XXXX
Operating Income			Current Assets						Fiscal Year Ending 6/30	/22	
Branch Dues Income	\$	2,100.00	Checking Account	\$	,		8,375.00	\$ 1,215.00	Attachment to Form	T-TR-1	
Program Income	\$	2,000.00	Savings Account	\$	4,500.00	\$	4,500.00				
	\$	4,100.00							Other Assets		
Project Income									Prepaid Venue Deposit	\$	1,
Fundraising Income			Prepaid Expenses								
Local Scholarships	\$	5,000.00	Venue Deposit				,	\$ 1,500.00	Other Liabilities		
Local Scholaships Raffle	\$	600.00	Total Assets	\$	11,660.00	\$	14,375.00	\$ 2,715.00	Deferred Revenue Dues	\$	1,
	\$	5,600.00									
			Liabilities:						Other Expenses		
Total Revenues	s\$	9,700.00	Current Liabilities						California Assessment	\$	
			AAUW CA Dues	\$	-	\$	-		Filing Fees	\$	
xpenses:			AAUW National Dues	\$	-	\$	-		Directory Expense	\$	
Operating Expenses			AAUW National Donations	\$	-	\$	-		Conferences/Trainings	\$	
Insurance	\$	395.00	Deferred Income						Scholarships Funded	\$	3,
Postage	\$	50.00	Deferred Branch Dues	\$	1,260.00	\$	1,890.00	630.00	Other Programs	\$	1,
California Assessment	\$	65.00		\$	1,260.00	\$	1,890.00	\$ 630.00	Total Other Expenses	\$	4,
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 Assets	\$	10,400.00	\$	12,135.00	\$ 1,735.00			
Program Expenditures			Total Net Assets	\$	10,400.00	\$	12,485.00	\$ 2,085.00			
Scholarship 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									
	-										
Excess Revenues Over Expenses	\$	2,085.00									

# **CT-TR-1 Completed Form and Attachment**

ATE OF CALIFORNIA -TR-1 ig. 09(2017)							DEPARTMENT OF	
MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470	,	ANNUAL TR				(F	For Registry Us	e Only
STREET ADDRESS: 1300 L Street			California Gover Code Regs., Sectio		Code			
Sacramento, CA 95814 (916) 210-6400		(F	ORM CT-TR-1)	)				
WEBSITE ADDRESS: www.oag.ca.gov/charities								
AAUW Branch							стххххх	x
Name of Organization				1	Charity Registration			
Branch Address Address (Number and Street)				Corp	oration or Organizati	on No.	XXXXXXXXXX	
Branch Address City or Town, State and ZIP Code					aral Employer I.D. No			
For an	nual accoun	ting period ( beginni	ng 07 / 01 /					
		BA	LANCE SHEE	т				
ASSETS			LIA	BILITI	ES			
Cash	\$ 8,37	5		counts	Payable	s		
Savings	\$ 4,50	0	S	alary Pa	yable	s		
Investment	\$		•	ther Lial	bilities	s	1,890	
Land/Buildings	\$		1 7	TOTAL	LUABILITIES	\$	1 000	
Other Assets	\$ 1,50	0	]				1,890	
TOTAL ASSETS	\$ 14,3	75			ALANCE			
				otal Ass	ets less Total Liabiliti	es \$	12,4	85
		REVE	NUE STATEN					
REVENUE			EXF	PENS	ES		_	
Cash Contributions	\$ 2,10	0	0	ompens	ation of Officers/Direc	tors \$		
Noncash Contributions	\$		0	ompens	ation of Staff	s		
Program Revenue	\$ 2,00	0	Fi	undraisi	ng Expenses	s	2,250	
Investments	\$		R	ent		s		
Special Events	\$		U	tilities		\$		
Other Revenue	\$ 5,60	0	S	upplies/	Postage	\$	50	
TOTAL REVENUE	s	9,700	ln ln	surance	•	\$	395	
		9,700	0	ther Exp	oenses	\$	4,920	
Total Revenue less Total Expens	es \$ 2	085	ı C	TOTA	L EXPENSES	\$	7,615	
· · ·			1					
I hereby declare under penalty of and belief, the content is true, co	perjury tha rrect and co	t I have examined thi implete and I am auth	s report, including horized to sign.	accon	npanying document	ts, and,	to the best of m	y knowledge
film also of the bar			and Manage		Branch		urer	9/15/22
Signature of Authorized A	gent	Prir	ited Name			Title		Date

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 Liebilities	
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: https://bpd.cdn.sos.ca.gov/corp/p lf/so/corp_so100.pdf	<image/> <image/> <image/> <section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header>	2. Choose: On-Line filing or Fill our pdf form below
Secretary of State Statement of Information California Nonprofit. Credit Union and General Cooperative Corporations) This form is due withing 90 days of initial registration and every two years thereafter. Filing Fee – \$20.00 Certification Fee (Optional) – \$5.00 1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State) AAUW Branch	This Space For Office Use Only 2. 7-Digit Secretary of State Entity Number	5. Service of Process (Must provide either Individual OR Corporation.)         INDIVIDUAL – Complete Items 5a and 5b only. Must include agent's full name and California street address.         a. California Agent's First Name (if agent is not a corporation.)         Agent Name       Last Name         b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box         Agent Address         CoRPORATION – Complete Item 5c only. Only include the name of the registered agent Corporation.         c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 5a or 5b
3. Business Addresses a. Street Address of California Principal Office, if any - Do not enter a P.O. Box Branch Address b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)     State     Zip Code       CA     CA       City (no abbreviations)     State     Zip Code	<ul> <li>6. Common Interest Developments         Check here if the corporation is an association formed to manage a common interest development und the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or und the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CI as required by California Civil Code sections 5405(a) and 6760(a).     </li> <li>7. Email Notifications</li> </ul>
A. Officers       The Corporation is required to enter the names a below. An additional title for Chief Executive Officer/ the preprinted titles on this form must r         a. Chief Executive Officer/ First Name       Middle Name         Address       President Address - Branch PO Box         b. Secretary/ First Name       Middle Name         Address       Middle Name         Secretary/ Address - Branch PO Box       C. Chief Financial Officer/ First Name         C. Chief Financial Officer/ First Name       Middle Name         Treasurer Name       Middle Name         Address       Branch PO Box	fficer or Chief Financial Officer may be added;	Provide an email address to opt-in to receive entity related notifications, including Statement of Information reminders, by email rather than USPS mail. Yes, I opt-in to receive entity notifications via email. Email Address: To change your option after filing, you must submit a new complete Statement of Information. The Information contained herein, including in any attachments, is true and correct. Date Type or Print Name Title Signature
Sk-100 (REV 032022)         Page 1 of 2	2022 California Secretary of State bidfile sos.cs.gov	Page 2 of 2 BI-100 (REV 03/2022) Clear Form Print Form 2022 California Secretary Other accession

# Questions?

## **CT-NRP-1** Completed Form

STATE OF CALIFORNIA CT-NRP-1 (Rev. G202121)	NONPROFIT RA	PR REGISTRATION FFLE PROGRAM Code section 320.5)	DEPARTMENT OF JUSTICE PAGE 1 of 3	F	TB STATE OF CALIF FRANCHISE TAX PO BOX 942857 SACRAMENTO C	BOARD		
MAIL TO: Office of the Alborney General Registry of Charitable Trusts P.G. Box 900447 Storzenerot, CA 94203-4470 STREET ADDRESS: 13001 Silvest Bacramento, CA 95814 (916) 210-6400 WEBSITE ADDRESS: <u>www.casca.gov/charbles</u>		eptember 1 to August 31. IT OF \$30 MADE PAYABLE TO CE MUST ACCOMPANY THIS		Enti	ty Status Letter	EXam	Date: 5/19/202 ESL ID: 4656324	
Proof of California Franchise Tax Board exempt status registration application. This application will otherwise returned to the organization.	must be attached to this e be deemed deficient and	(For Regis	(For Registry Use Only) stry Use Only)					
Name of Organization: AAUWe Branch Address of Organization: Branch Address City or Town, State and ZIP Code: Branch Address E-mail Address: Branch E-mail Address Telephone Number: Branch Contact Phone Number Fax Number: Please list the date your organization f	first qualified to cond	Provide at least one of the for State Charity Registration Num Federal Employer Identification XX-XXXXXXX SOS Corporation Number: C FTB Organization Number: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ber: <u>CTXXXXXXX</u> Number (FEIN): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Acco Entity Entity	ID: 9771473 Name: AMERICAN 1. The entity is in	etter he following entity information is true ASSOCIATION OF UNIVERSITY W good standing with the Franchise Ta of in good standing with the Franchise	OMEN DANVILLE-ALAMO x Board.	s letter.
Specify the organization's tax - exe 23701a Labor, agricultural, or horticultural 23701b Fraternal beneficiary societies, or 23701d Religious, charitable, scientific, te	I organizations ders or associations sting for public safety,		d Taxation Code section: d recreation clubs corporations having common or		<ol> <li>We do not hav</li> <li>The entity was</li> </ol>	rrently exempt from tax under Reven e current information about the entity. administratively dissolved/cancelled Dissolution process.		
ilterary, educational, amateur sports or pro- thildren or animals organization 23101e Business leagues, chambers of cro bookes, and boards of trade 237011 Civic leagues, social welfare organ	ommerce, real estate	23701t Homeowners and ass     23701w Veterans organizatio	ociations			not necessarily reflect the entity's curr		with any other
Proposed date(s) of raffle(s) [REQUIRE] By signing(this application for registration Applicant is a nonprofit organization and a Signature of Authorized Officer Printed Name of Authorized	D] <u>9/10/22, 11/8/22, 1</u> (month/daylyear) (After , I hereby certify all of th all information provided	2/10/22, 1/14/23, 2/11/23, 3/11 August 31, a new registration is require e following: on this application is true and co ared This Form	<u>/23, 4/8/23, 5/13/22</u> d)	Conr Web: Phoh	f the entity's powers, r entity did business in C California, this informa California during the p 23305a, 23305, 1). The entity certificate of beeform, or both (R&To nect With Us thc.a.gov e: 600.852.5711 f 916.845.65001	California or other governmental ager gipts, and privileges were suspended california at a time when it was not qu tion does not reflect the status or voic eriod the entity was suspended or forf revivor may have a time limitation or C Section 23305b). rom 7 a.m. to 5 p.m. weekdays, excer rom outside the United States for persons with hearing or speech im	or forfeited at any time in the pas alified or not registered to do busi ability of contracts made by the e eited (R&TC Sections 23304.1, 2 may limit the functions the revive	iness in ntity in 3304.5,
	check 237	0d if branch is 0f if branch is		FTB 4:	ł	For Entity Status Le https://www.ftb.ca htatus-letter.asp		ess/entity-

#### **CT-NRP-2** Form

STATE OF CALIFORNIA CT-NRP-2 (Rev. 09/2017)	NONPROF	IT RAFFLE REPORT	DEPARTMENT OF JUSTICE PAGE 1 of 4	CT-NRP-2 (Rev. 09/2)	9/2017)		NONPROFIT RA	_		PAGE 2 of	"@	0
MAIL TO: Office of the Attorney General Registry of Charitable Trusts P.O. Box 903477 Sacramento, CA 94203-4470 STREET ADDRESS:	which a raffle wa	e completed for each year in as conducted (September 1 ugh August 31).		6.	We	If the answer is yes, p	fle proceeds used for the bene provide the following information al sheets of paper, if necessar	n below for each organiza		Yes eeds v		No
1300 I Street Sacramento, CA 95814 (916) 210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities		ue on or before October 1. enal Code section 320.5)	(For Registry Use Only)	Recipi	pient (	Organization		\$ Dollar Amount of Raffle	e Proceeds to Recipier	t Orga	anizat	tion
PART A: General Organization	n Reporting Info	rmation		Addre	ress of	f Recipient Organization		Contact Person for Red	cipient Organization			
Name of Organization:		Provide at least one of the for State Charity Registration N	-	City, S	State	, and ZIP Code		Telephone Number of	Recipient Organization	on		_
Address of Organization:		Raffle Registration Number:		Part	( C: C	Certification by Aut	horized Officer or Direct	or of Reporting Org	anization			
City or Town, State and ZIP Code:		Federal Employee Identifica	ation Number (FEIN):	l he	hereby	/ certify that:				Б	rue F	False
E-mail Address:	SOS Corporation Number or FTB Organization Number:				<ol> <li>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.</li> </ol>							
Telephone Number:				2)	dire		to be used for beneficial or chained by Corporations Code sec			he		
Part B: Raffle Information				3) No person involved in or connected with the conduct of the raffle(s) was compensated by the organize conducting the raffle(s) from raffle proceeds required to be used for beneficial or charitable purposes.								
Raffle year ending August 31	,	(Year)		<ul> <li>4) No gaming machine, apparatus or device, including but not limited to one which meets the definition of a machine as described in California Penal Code sections 330a, 330b, or 330.1, was used in conducting th raffle(s).</li> </ul>								
Aggregate gross receipts from     Aggregate direct costs incurrent		fle(s): \$	): \$	5)	the	e raffle(s) other than the	partnership or other legal entity organization conducting the rate					
purpose of the eligible organiz	zation or for the bene	cket sales must be used for the fit of another eligible organizati zation use funds from sources o	ion. Did direct costs	6)	No		the raffle(s). nd no raffle tickets were sold, t ig facility, or gambling establish		in an operating racetra	*		
If yes,				7)	Tic	ckets were not sold, trade	ed or redeemed over the Intern	et.				
	s other than ticket sa	les used for the administration	or other costs of conducting the	If the a	e answ answe	wer to any question in F er. Use additional shee	for any purpose outside of Ca Part C, Items 1 through 8, wa ts of paper, if necessary, for the question number next to	s "False," please explain the explanation. If the a				
4(B) What was the source of t	these funds?						eport, I hereby certify that al		tained herein is true a	nd co	rrect	Ł.
5. Describe the charitable or ber for which the raffle proceeds of				Si	Signat		or Director Who Prepared the port	•	Date			_
						Printed Name of Autho	rized Officer or Director		uthorized Officer or Di	ector		

## **CT-NRP-2** Source Information

	Statement of Activities		
			Year 1
Revenues:			
Operating	g Income		
Branch D	ues Income	\$	2,100.00
Program	Income	\$	2,000.00
		\$	4,100.00
Project In	come		
Fundraisi	ngIncome		
	Local Scholarships	\$	5,000.00
	Local Scholarships Raffle	\$	600.00
		\$	5,600.00
	Total Revenues	\$	9,700.00
Expenses:			
Operating	g Expenses		
Insurance	2	\$	395.00
Postage		\$	50.00
California	Assessment	\$	65.00
Filing Fee	S	\$	55.00
Directory	Expense	\$	250.00
Conferen	ces/Trainings	\$	500.00
		\$	1,315.00
Program	Expenditures		
Fundraisi	ng Expense		
	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
Paula nua la se F		s	2 095 00
Revenue less E	xpenses	\$	2,085.00

		Form C	T-NRP-2	2
Part	B: Raffle Information (A separate	report must be com	pleted for each	raffle held during this reporting year.)
1.	Date of raffle:			
	Location of raffle:	City		County
2.	Total funds received from sale of raffle tick	kets: \$	600	
3.	Total expenses for conducting the raffle: S	5	20	

Expenses must be no more than 10% of proceeds

# **CT-NRP-2** Completed Form

									-
STATE OF CALIFORNIA CT-NRP-2 Rev. 092017)	NONPROF	IT RAFFLE REPORT	DEPARTMENT OF JUSTICE	STATE OF CT-NRP-2 (Rev. 09/20	117)	NONPROFIT RAF	FLE REPORT	GE 2 d 4	A SA
MAIL TO: Office of the Attorney General Registry of Charitable Trusts P. J. Box 0805447 Sacramente, CA 94203-4470 STREET ADOREBS: 13001 Bived	which a raffle wa	completed for each year in as conducted (September 1 ugh August 31).		6.	If the answer is ye		of another eligible nonprofit organization?	]Yes [ eds wer	_
Sacramento, CA 95814 (916) 210-8400 WEBSITE ADDRESS: www.cat.ca.gov/charties		ue on or before October 1. enal Code section 320.5)		Recipi	ent Organization		5 Dollar Amount of Raffie Proceeds to Recipient (	Organiz	at
			(For Registry Use Only)						
PART A: General Organizatio	n Reporting Info	rmation		Addres	ss of Recipient Organizat	tion	Contact Person for Recipient Organization		
Name of Organization:		Provide at least one of the fe	ollowing:	City S	itate, and ZIP Code		Telephone Number of Recipient Organization		_
AAUW Branch		State Charity Registration N	umber: XXXXXXXX						_
Address of Organization:		1		Part	C: Certification by A	Authorized Officer or Directo	r of Reporting Organization		
Branch Address		rvanie rvegistrauori number:	number on registration confirmation		robu continut				
City or Town, State and ZIP Code:		Federal Employee Identified	tion Number (EEIN):	The	reby certify that:			Taxa	F
ddress of Organization:       state charity Registration Number: XXXXXX         irranch Address       Raffle Registration Number: number on registration confirmation         ity or Town, State and ZIP Code:       Federal Employee Identification Number (FEIN):         mail Address       SoS Corporation Number or FTB Organization Number:         with contact Phone Number       SoS Corporation Number or FTB Organization Number:         xxxxxxxxx       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 raffle(s).		-	f						
E-mail Address:				1)					I
inch Address aail Address inch E-mail Address ephone Number:			r FTB Organization Number:		raffle or for the benefit of	of another eligible organization.		-	Ľ
nail Address: nch E-mail Address sphone Number: nch Contact Phone Number		XXXXXXX		2)					L
Branch Contact Phone Number						defined by Corporations Code section	on 5056) of the organization which conducted the	• •	Į.
Fax Number:				3)				+	+
				3,				~	
Part B: Raffle Information				4)			limited to one which meets the definition of a slo 0a, 330b, or 330.1, was used in conducting the	t 🖌	t
1. Raffle year ending August 31	2022				raffle(s).				Ľ
		(Year)		5)			as or holds a financial interest in the conduct of		Ţ,
2. Aggregate gross receipts from	m the operation of raf	fle(s): \$ 600			the raffle(s) other than t which received funds fr		e(s) or any private, nonprofit eligible organization	~	
3. Aggregate direct costs incurr	ed by the organization	n from the operation of raffle(s)	: \$ 20	63				-	+
purpose of the eligible organi	zation or for the bene	cket sales must be used for the fit of another eligible organizati	on. Did direct costs	6)		d, and no raffle tickets were sold, tra pering facility, or gambling establishm	ded, or redeemed, within an operating racetrack ent.	~	
<ol> <li>exceed 10% of gross receipts sales to offset costs?</li> </ol>	s and did your organiz	zation use funds from sources of	other than from ticket	7)	Tickets were not sold, t	raded or redeemed over the Internet	-	~	I
				8)		sed for any purpose outside of California		V	Γ
If yes, 4(A) Total funds from sources raffle(s)?	s other than ticket sai	es used for the administration of	or other costs of conducting the	the an in Part	swer. Use additional sl t C was "False," referen	heets of paper, if necessary, for the nee the question number next to ex-	"False," please explain the circumstances tha e explanation. If the answer to more than on ach explanation. of the information contained herein is true an	e ques	tio
ə					-				
4(B) What was the source of	tnese funds?			11			on or before 10/31/22		
				Si	gnature of Authorized Off	ficer or Director Who Prepared the	Date		_
5 Describe the charitable or be	neficial purpose Scho	plarships for local junior college.				Report			
<ol> <li>for which the raffle proceeds</li> </ol>	were used.								
				. –		uthorized Officer or Director	Title of Authorized Officer or Direct		_