# **Financial Statements End of Year 1**

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

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

# **Transactions**

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

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

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

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

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

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

WEBSITE ADDRESS:

(For Registry Use Only)

DEPARTMENT OF JUSTICE

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code

Sections 1.256 and 1.2567, California Government Code

11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the
organization's accounting period may result in the loss of tax exemption and the assessment of a
minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section
23703; Government Code section 12586.1. IRS extensions will be honored.

				Check if:					
Name of Organizat	on			☐ Change	of address				
List all DBAs and n	ames the organizat	tion uses or	has used	— ☐ Amended report					
				State Charity Registration Number					
Address (Number a	nd Street)			State Charity	registration Number				
City or Town, State, and ZIP Code				Corporation	or Organization No.				
Telephone Number		mail Addres		Federal Emr	oloyer ID No.				
rerepriorie redificei			RENEWAL FEE SCHEDULE (11 Cal. C						
	AMIOALICA		Make Check Payable to Departmen						
Total Revenue		Fee	Total Revenue	<u>Fee</u>	Total Revenue		Fee		
Less than \$50,000		\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 mi				
Between \$50,000 Between \$100,00		\$50 \$75	Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 million		Between \$100,000,001 and \$500 n Greater than \$500 million	nillion	\$1,000		
PART A - ACTIVIT									
For your Total Revenue \$	most recent full a	ccounting	period (beginning//	ending	/) list:				
(including noncash co	ntributions)		Noncash Contributions \$		Total Assets \$		_		
	Program Ex	penses \$_	Total	Expenses \$					
PART B - STATEM	ENTS REGARDIN	G ORGANIZ	ZATION DURING THE PERIOD OF THE	S REPORT					
			u answer "yes" to any of the question			=	=		
			for each "yes" response. Please revie entracts, loans, leases or other financial		•	Yes	No		
			ly or with an entity in which any such offi				$\perp$		
2. During this repo	orting period, was the	here any the	ft, embezzlement, diversion or misuse o	f the organiza	tion's charitable property or funds?				
3. During this repo	orting period, were	any organiza	ation funds used to pay any penalty, fine	or judgment?			T		
During this repo coventurer use		the services	of a commercial fundraiser, fundraising	counsel for ch	naritable purposes, or commercial				
5. During this repo	orting period, did th	e organization	on receive any governmental funding?						
6. During this repo	orting period, did th	e organization	on hold a raffle for charitable purposes?						
7. Does the organ	ization conduct a v	ehicle donat	tion program?				$\top$		
			audit and prepare audited financial state his reporting period?	ments in accor	rdance with		$\top$		
9. At the end of th	is reporting period,	did the orga	anization hold restricted net assets, while	e reporting neg	gative unrestricted net assets?				
			amined this report, including accomp e, and I am authorized to sign.	anying docu	ments, and to the best of my knowle	edge a	and		
Signature	of Authorized Age	nt	Printed Name		Title	D	ate		

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

# **RRF-1 Source Information**

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

Statement of Financial Position								
		Υ	r 1 Begin		Yr 1 End		Change	
Assets:								
	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 Ass	ets	\$	11,660.00	\$	14,375.00	\$	2,715.00	

Excess Revenues Over Expenses	\$	2,085.00
Total Expenses	Ą	7,013.00
Total Expenses	\$	7,615.00
Other Programs	\$	1,050.00
Scholarships Funded	\$	3,000.00
Program Expenditures	ċ	2 000 00
Local Scholarships Raffle	\$	20.00
Local Scholarships	\$ \$	2,230.00
Fundraising Expenses	۲	2 220 00
Program Expenditures		
Daniel State of the second	\$	1,315.00
Conferences/Trainings	\$	500.00
Directory Expense	\$	250.00
Filing Fees	\$	55.00
California Assessment	\$	65.00
Postage	\$	50.00
Insurance	\$	395.00
Operating Expenses		
Expenses:		

RRF-1								
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  Make Check Payable to Department of Justice								
Total Revenue         Fee         Total Revenue         Fee         Total Revenue         Fee           Less than \$50,000         \$25         Between \$250,001 and \$1 million \$100         Between \$20,000,001 and \$100 million \$800           Between \$50,000 and \$100,000 \$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         Greater than \$500 million \$1,20								
PART A - ACTIVITIES  For your most recent full accounting period (beginning 7/1/21 ending 6/30/22 ) list:  Total Revenue \$								
Program E	expenses \$_	Total Expenses \$	7,615					

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

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

TE OF CALIFORNIA					DEPARTMENT OF	F JUSTICE AGE 1 of 5	
v. 02/2021) MAIL TO:					Lancarda		100
Registry of Charitable Trusts	ANNUAL	L REGISTRATION RENE	<b>NAL FEE</b>	REPORT	(For Registry Us	e Only)	-
P.O. Box 903447 Sacramento, CA 94203-4470	TO A	ATTORNEY GENERAL O	F CALIFO	RNIA	1		
STREET ADDRESS:		ections 12586 and 12587, California			1		
300   Street		1 Cal. Code Regs. sections 301-306,			1		
Sacramento, CA 95814 916) 210-6400	Failure to submit t	this report annually no later than four months	and fifteen days	after the end of the	1		
	organization's ac	counting period may result in the loss of tax 00, plus interest, and/or fines or filing penalti	exemption and the	e assessment of a	.		
VEBSITE ADDRESS: VWW.cog.co.gov/charties	23703	Government Code section 12586.1. IRS e.	tensions will be h	onored.	1		
AAUW Branch	-		Check if:				
Name of Organization			Change	of address			
Tana di Organization			Change	or address			
List all DBAs and names the o	rospiration upper or	r has used	- Amende	ed report			
	garization uses or	That's dised					
Branch Address			State Charit	y Registration No	CTXXXXX	CXX	
Address (Number and Street)			State Chain	y registration rec	amber		
Branch Address					XXXXXXXX		
City or Town, State, and ZIP C	ode		Corporation	or Organization	No.		
Contact #		mail Address			V VVVVVVV		
Telephone Number	E-mail Addres	ss	Federal Em	ployer ID No. 💍	X-XXXXXX		
ANNUAL	REGISTRATION	RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departm		ctions 301-307,	311, and 312)		
Total Revenue	Fee	Total Revenue	Fee	Total Revenu	<u>e</u>	Į.	ee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Debuses \$20	000,001 and \$100 m	Illian	****
Between \$50,000 and \$100.0		Between \$1,000,001 and \$5 million			0,000,001 and \$500 ii		
Between \$100,001 and \$250,							
		Between \$5,000,001 and \$20 million	n \$400	Greater than	\$500 million		\$1,200
For your most rece	nt full accounting	period (beginning 7 / 1 / 21		; / 30 / 22	) list:		\$1,200
Total Revenue \$ (including noncash contributions)	nt full accounting 9,700	period (beginning 7 / 1 / 21  Noncash Contributions \$	ending 6	5 / 30 / 22 Total A			\$1,200
For your most rece Total Revenue \$ (including noncash contributions) Prog	9,700	period (beginning 7 / 1 / 21  Noncash Contributions \$  Total	ending	5 / 30 / 22 Total A	) list:		\$1,200
For your most recei Total Revenue \$ (including noncash contributions) Prog	9,700 gram Expenses \$	Noncash Contributions \$ Total	ending 6	7,615	) list: .ssets \$ 14,3		\$1,200
For your most recei Total Revenue \$ (including noncash contributions) Prog PART 0 STATEMENTS OFF Note: All questions must	9,700  gram Expenses \$  APPING OPGANI be answered. If ye	Period (beginning 7 / 1 / 21  Noncash Contributions \$  Total Total Public THE REGION OF Total Outputs The Region of Total Contributions of Contri	ending Expenses \$	Total A 7,615	) list: .ssets \$ 14,3	75	
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For your most recei Total Revenue \$ (including noncash contributions) Prog PART 0 STATEMENTS BY Note: All questions must providing an explar 1. During this reporting perior	9,700  gram Expenses \$  ARDING ORGANI be answered. If ye attempt of the second organical se	Period (beginning 7 / 1 / 2:  Noncash Contributions \$  Tot:  IZATION DUBLING THE BERIOD DE T ou answer "yes" to any of the quest for each "yes" response. Please re	ending 6  Expenses \$  US DEPORT  ons below, you liew RRF-1 ins	Total A 7,615  u must attach a tructions for interesteen the organ	) list: 14,3 ssets \$ 14,3 separate page formation required inization and any	75	
For your most recei  Total Revenue \$ (including noncash contributions) Prog  PART   STATEMENT   Note: All questions must providing an explar  1. During this reporting period officer, director or trustee to	9,700  gram Expenses \$  ABDING ORGANI be answered. If yeation and details to were there any of hereof, either direct	Period (beginning 7 / 1 / 2:  Noncash Contributions \$  Tot:  IZATION DUBING THE REBION OF T out answer "yes" to any of the quest for each "yes" response. Please re- contracts, loans, leases or other financia.	ending	Total A 7,615  a must attach a tructions for infertween the organizations for infertween the organizations for trustee had any	) list:  ssets \$ 14.3  separate page formation required nization and any y financial interest?	75	No
For your most recei Total Revenue \$ (including noncash contributions) Prog PART D. STATEMENTS DEC Note: All questions must providing an explar  1. During this reporting period 2. During this reporting period	9,700 gram Expenses \$  ARDING ORGANI be answered. If yeartion and details d, were there any cohereof, either direct d, was there any the	Noncash Contributions \$  Noncash Contributions \$  Tot  IZATION DUBING THE REBIOD OF T ou answer "yes" to any of the quest for each "yes" response. Please re rontracts, loans, leases or other finance thy or with an entity in which any such eff. embezziement, diversion or misuse	ending Expenses \$  If	Total A 7,615  u must attach a tructions for intervent the organist or trustee had any attach's charitable	) list:  ssets \$ 14.3  separate page formation required nization and any y financial interest?	75	No v
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For your most recei Total Revenue \$ (including noncash contributions) Prog  PART B. STATEMENTS DEC Note: All questions must providing an explar  1. During this reporting perior  2. During this reporting perior  3. During this reporting perior coventurer used?  5. During this reporting perior coventurer used?  6. During this reporting perior  7. During this reporting perior	9,700  pram Expenses \$  paper open of the property of the prop	Noncash Contributions \$  Noncash Contributions \$  Total  IZATION DUBLING THE BERIOD OF T OU answer "yes" to any of the quest for each "yes" response. Please re- contracts, loans, leases or other manner thy or with an entity in which any such o- left, embezziement, diversion or misuse zation funds used to pay any penalty, fi s of a commercial fundraiser, fundraise tion receive any governmental funding?	ending en	Total A 7,615  u must attach a tructions for inference in the organization's charitable or haritable purpose	separate page ormation required nuzation and any financial interest? property or funds?	75	No V
For your most recei Total Revenue \$ (including noncash contributions) Prog PART   STATEMENT OF ORD Note: All questions must providing an explar  1. During this reporting perior officer, director or trustee to 2. During this reporting perior 3. During this reporting perior oventurer used?  5. During this reporting perior	9,700  pram Expenses \$  paper open of the property of the prop	Noncash Contributions \$  Noncash Contributions \$  Total  IZATION DUBLING THE BERIOD OF T OU answer "yes" to any of the quest for each "yes" response. Please re- contracts, loans, leases or other manner thy or with an entity in which any such o- left, embezziement, diversion or misuse zation funds used to pay any penalty, fi s of a commercial fundraiser, fundraise tion receive any governmental funding?	ending en	Total A 7,615  u must attach a tructions for inference in the organization's charitable or haritable purpose	separate page ormation required nuzation and any financial interest? property or funds?	75	No v
For your most recei Total Revenue \$ (including noncash contributions) Prog PART   STATEMENTS OFF Note: All questions must providing an explar  1. During this reporting perior 3. During this reporting perior 4. During this reporting perior 5. During this reporting perior 6. During this reporting perior 7. Does the organization condu 8. Did the organization condu  8. Did the organization condu	9,700  gram Expenses \$  APPEND OPPOARM  be answered. If ye attorn and details at the analytic attorn and details at the analytic attorn and details at the analytic attorn and attorn and attorn and attorn an independent an independent an independent.	Period (beginning 7 / 1 / 21  Noncash Contributions \$  Total  IZATION DUBLING THE REBION OF Total  IZATION DUBLING THE REBION OF TOTAL  Total Total The Period Of Total  Total Total Total  IZATION DUBLING THE REBION OF TOTAL  Total  IZATION DUBLING THE REBION OF TOTAL  Total  IZATION DUBLING THE REBION OF TOTAL  Total  IZATION DUBLING THE REBION OF TOTAL  TO	ending  Il Expenses \$  Il Ex	Total A 7,615  a must attach a tructions for inference in the organ or trustee had any attion's charitable or the organ or trustee had any the organ or trustee h	separate page ormation required nuzation and any financial interest? property or funds?	75	No v
For your most recei Total Revenue \$ (including noncash contributions) Prog  PART B STATEMENTS DEC  Note: All questions must providing an explar  1. During this reporting perior 3. During this reporting perior coventurer used?  5. During this reporting perior coventurer used?  6. During this reporting perior coventurer used.  7. Does the organization con-	9,700  gram Expenses \$  APPEND OPPOARM  be answered. If ye attorn and details at the analytic attorn and details at the analytic attorn and details at the analytic attorn and attorn and attorn and attorn an independent an independent an independent.	Period (beginning 7 / 1 / 21  Noncash Contributions \$  Total  IZATION DUBLING THE REBION OF Total  IZATION DUBLING THE REBION OF TOTAL  Total Total The Period Of Total  Total Total Total  IZATION DUBLING THE REBION OF TOTAL  Total  IZATION DUBLING THE REBION OF TOTAL  Total  IZATION DUBLING THE REBION OF TOTAL  Total  IZATION DUBLING THE REBION OF TOTAL  TO	ending  Il Expenses \$  Il Ex	Total A 7,615  a must attach a tructions for inference in the organ or trustee had any attion's charitable or the organ or trustee had any the organ or trustee h	separate page ormation required nuzation and any financial interest? property or funds?	75	No v
For your most recei Total Revenue \$ (including noncash contributions) Prog PART   STATEMENTS OFF Note: All questions must providing an explar  1. 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 condugenerally accepted account	9,700  ram Expenses \$  APPEND OPCAND  be answered. If ye attorn and details  b, were there any of thereof, either direct  d, was there any the  d, were the services  d, did the organizat  d, did the organizat  duct a vehicle dona  contain independent  thing principles for t	Period (beginning 7 / 1 / 21  Noncash Contributions \$  Total  IZATION DUBLING THE REBION OF Total  IZATION DUBLING THE REBION OF TOTAL  Total Total The Period Of Total  Total Total Total  IZATION DUBLING THE REBION OF TOTAL  Total  IZATION DUBLING THE REBION OF TOTAL  Total  IZATION DUBLING THE REBION OF TOTAL  Total  IZATION DUBLING THE REBION OF TOTAL  TO	ending en	Total A 7,615	separate page ormation required negation and any financial interest? property or funds?	75	No v
For your most recei Total Revenue \$ (including noncash contributions) Prog PART 8 STATEMENTS GEO All questions must providing an explar 1. During this reporting period officer, director or trustee to 2. During this reporting period 3. During this reporting period coventurer used? 5. During this reporting period coventurer used? 6. During this reporting period coventurer used? 7. Does the organization conduction 8. Did the organization conduction generally accepted account 9. At the end of this reporting	9,700  pram Expenses \$  ABDING OBGANI be answered. If ye attion and details so were there any of hereof, either direct d, was there any organization, were the services d, did the organization did the organization of the period, did the organization of the period of the peri	Noncash Contributions \$  Noncash Contributions \$  Total  INATION DUIDING THE BERIOD OF TOTAL  OU answer "yes" to any of the quest for each "yes" response. Please re contracts, toans, leases or other manner thy or with an entity in which any such o eff, embezziement, diversion or misuse tation funds used to pay any penalty, fi s of a commercial fundraiser, fundraisi tion receive any governmental fundings tion hold a raffle for charitable purpose ation program? audit and prepare audited financial sta his reporting period? panization hold restricted net assets, when	ending  I Expenses \$  III.S PERORY.  Tons below, you new RRF-1 ins I transactions to fifteer, director of of the organization or judgment?  Att Sch V  Tements in account iteration is accounted in accounted	Total A 7,615	separate page formation required nuzation and any of financial interest? property or funds?	Yes	No v
For your most recei  Total Revenue \$ (including noncash contributions) Prog  PART   STATEMENTS DEC  All questions must providing an explar  1. During this reporting perior officer, director or trustee to  2. During this reporting perior 3. During this reporting perior coventurer used?  5. During this reporting perior coventurer used?  6. During this reporting perior coventurer used?  7. Does the organization condu- generally accepted accour  9. At the end of this reporting Ideclare under penalty of perior	9,700  pram Expenses \$  APPRIC OPPLANT  be answered. If ye atton and details  do were there any of hereof, either direct  do were there any the services  do did the organizat  duct a vehicle dona  ict an independent titing principles for to period, did the org	Period (beginning 7 / 1 / 21  Noncash Contributions \$  Total  INATION DUBLING THE REBION OF Total  INATION DUBLING THE REBION OF TOTAL  TOTAL  TOTAL  INATION DUBLING THE REBION OF TOTAL  TOTAL  TOTAL  INATION DUBLING THE REBION OF THE  TOTAL  TOTAL  TOTAL  INATION  TOTAL  T	ending  I Expenses \$  III.S PERORY.  Tons below, you new RRF-1 ins I transactions to fifteer, director of of the organization or judgment?  Att Sch V  Tements in account iteration is accounted in accounted	Total A 7,615	separate page formation required nuzation and any of financial interest? property or funds?	Yes	No v
For your most recei  Total Revenue \$ (including noncash contributions) Prog  PART   STATEMENTS DEC  All questions must providing an explar  1. During this reporting perior officer, director or trustee to  2. During this reporting perior 3. During this reporting perior coventurer used?  5. During this reporting perior coventurer used?  6. During this reporting perior coventurer used?  7. Does the organization condu- generally accepted accour  9. At the end of this reporting Ideclare under penalty of perior	9,700  pram Expenses \$  APPRIC OPPLANT  be answered. If ye atton and details  do were there any of hereof, either direct  do were there any the services  do did the organizat  duct a vehicle dona  ict an independent titing principles for to period, did the org	Period (beginning 7 / 1 / 21  Noncash Contributions \$  Total Contributions \$  Total Contributions Total Contributions \$  Total Contributions Total Contributions S  Total Contributions Total Contributions S  Total Contributions Total Contribution S  Total Contributions S  Total Contributions S  Total Contributions S  Total Contributions S  Total Contribution S  Total Contr	ending  I Expenses \$  III.S PERORY.  Tons below, you new RRF-1 ins I transactions to fifteer, director of of the organization or judgment?  Att Sch V  Tements in account iteration is accounted in accounted	Total A 7,615	separate page ormation required nutation and any of financial interest? property or funds?  s of Raffles  of net assets?	Yes	No v
For your most recei  Total Revenue \$ (including noncash contributions) Prog  PART   STATEMENTS DEC  All questions must providing an explar  1. During this reporting perior officer, director or trustee to  2. During this reporting perior 3. During this reporting perior coventurer used?  5. During this reporting perior coventurer used?  6. During this reporting perior coventurer used?  7. Does the organization condu- generally accepted accour  9. At the end of this reporting Ideclare under penalty of perior	9,700  pram Expenses \$  APPRISE OPERATE  be answered. If ye attion and details at the analytic of the reof, either direct of, was there any the analytic operation of the end of	Period (beginning 7 / 1 / 21  Noncash Contributions \$  Total Contributions \$  Total Contributions Total Contributions \$  Total Contributions Total Contributions S  Total Contributions Total Contributions S  Total Contributions Total Contribution S  Total Contributions S  Total Contributions S  Total Contributions S  Total Contributions S  Total Contribution S  Total Contr	ending  I Expenses \$  III.S PERORY.  Tons below, you new RRF-1 ins I transactions to fifteer, director of of the organization or judgment?  Att Sch V  Tements in account iteration is accounted in accounted	Total A 7,615	separate page ormation required nization and any financial interest? property or funds? of Raffles of Raffles and net assets?	Yes	No

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

STATE OF CALIFORNIA CT-TR-1 (Orig. 09/2017)

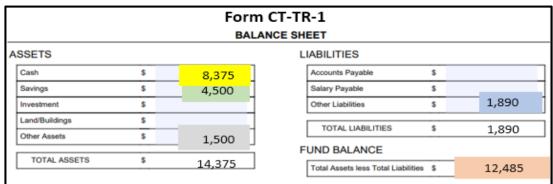
MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 ANNUAL TREASURER'S REPORT

DEPARTMENT OF JUSTICE PAGE 1 of 4	À
(For Registry Use Only)	Ø

acramento, CA 94203-4470	ATTORNET GE			
STREET ADDRESS: 300 I Street		i, California Governme Code Regs., Section 30		
acramento, CA 95814 916) 210-6400	(F			
	(1-	ORM CT-TR-1)		
VEBSITE ADDRESS: www.oag.ca.gov/charities				
Name of Organization			tate Charity Registration Nur	nhar
varie of Organization		9	tate Charity Registration Nur	nber
Address (Number and Street)		c	orporation or Organization N	0.
City or Town, State and ZIP Code	1	F	ederal Employer I.D. No.	
For an	nnual accounting period ( beginning	ng/_/	ending//_	)
	BAI	LANCE SHEET		
ASSETS		LIABIL	ITIES	
Cash	\$	Accou	nts Payable	\$
Savings	\$	Salary	Payable	\$
Investment	\$	Other	Liabilities	\$
Land/Buildings	\$	1	T	
Other Assets	\$	1 10	TAL LIABILITIES	\$
		FUND	BALANCE	
TOTAL ASSETS	\$	Total /	Assets less Total Liabilities	\$
	REVE	NUE STATEMEN	IT	
REVENUE		EXPEN	ISES	
Cash Contributions	\$	Compe	ensation of Officers/Directors	\$
Noncash Contributions	\$	Compe	ensation of Staff	\$
Program Revenue	\$	Fundra	aising Expenses	\$
Investments	\$	Rent		\$
Special Events	\$	Utilitie	B	\$
Other Revenue	\$	Suppli	es/Postage	\$
		Insura	nce	\$
TOTAL REVENUE	\$	Other	Expenses	\$
NET REVENUE				s
Total Revenue less Total Expen	ses\$	]	VIAL EXPENSES	φ -
	of perjury that I have examined this		companying documents, ar	nd, to the best of my knowledge
nd belief, the content is true, c	orrect and complete and I am auth	lorized to sign.		
Signature of Authorized	Agent Prin	nted Name	Title	Date

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

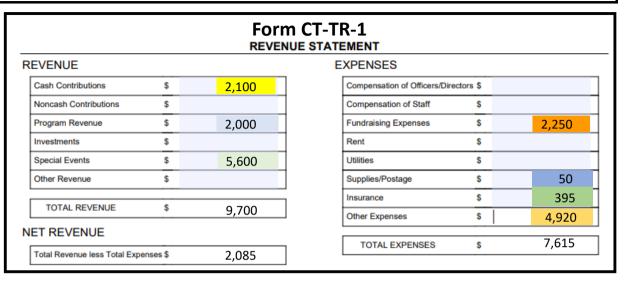
Statement of Activities									
Statement of Financial Position									
	Υ	r 1 Begin	,	Yr 1 End		Change			
Assets:									
Current Assets									
Checking Account	\$	7,160.00	\$	8,375.00	\$	1,215.00			
Savings Account	\$	4,500.00	\$	4,500.00					
Prepaid Expenses									
Venue Deposit			\$	1,500.00	\$	1,500.00			
Total Assets	Ś	11,660.00		14,375.00	\$	2,715.00			
	- +		<u> </u>	,0 / 0.00	<u> </u>				
Liabilities:									
Current Liabilities									
AAUW CA Dues	\$	_	\$	_					
AAUW National Dues	\$	-	\$	-					
AAUW National Donations	\$	_	\$	_					
Deferred Income	·		•						
Deferred Branch Dues	\$	1,260.00	\$	1,890.00	\$	630.00			
	\$	1,260.00	\$	1,890.00	\$	630.00			
Net Assets:									
Restricted:									
Local Scholarships	\$	-	\$	350.00	\$	350.00			
AAUW National	\$ \$ \$	-	\$	-					
	\$	-	\$	350.00	\$	350.00			
Unrestricted:									
Unrestricted Net Assets		10,400.00		12,135.00	\$	1,735.00			
Total Net Assets	\$	10,400.00	\$	12,485.00	\$	2,085.00			
Total Liabilities and Net Assets	\$	11,660.00	\$	14,375.00	\$	2,715.00			



7

# **CT-TR-1 Income Statement Source Information**

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



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

# Statement of Activities

Statement of Activitie	20	
Statement of Activities	-3	Year 1
Revenues:		icai i
Operating Income		
Branch Dues Income	ć	2,100.00
Program Income	\$ ¢	2,100.00
Program income	\$	4,100.00
Draiget Income	Ş	4,100.00
Project Income		
Fundraising Income	_	F 000 00
Local Scholarships	\$ \$ \$	5,000.00
Local Scholaships Raffle	Ş	600.00
	Ş	5,600.00
Total Revenues	\$	9,700.00
Expenses:		
Operating Expenses		
Insurance	\$	395.00
Postage	\$	50.00
California Assessment	\$	65.00
Filing Fees	\$	55.00
Directory Expense	\$	250.00
Conferences/Trainings	\$	500.00
	\$	1,315.00
Program Expenditures		
Fundraising Expenses		
Local Scholarships	\$	2,230.00
Local Scholarships Raffle	\$	20.00
Program Expenditures	•	
Scholarship Funded	\$	3,000.00
Other Programs	\$	1,050.00
2	-	_,
Total Expenses	\$	7,615.00
Excess Revenues Over Expenses	\$	2,085.00

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

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

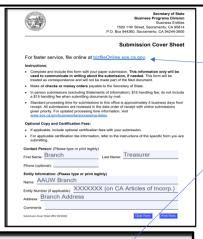
# **CT-TR-1 Completed Form and Attachment**

ATE OF CALIFORNIA -TR-1 ig. 06/2017) MAIL TO: Registry of Cheritable Trusts	l	ANNUAL	TREASURER'S	S REPORT	(F	or Registry Use Only
P.Ö. Bóx 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street		Section 12	GENERAL OF 586, California Governal. Code Regs., Section	nment Code		
Sacramento, CA 95814 (916) 210-6400			(FORM CT-TR-1)			
WEBSITE ADDRESS: www.oag.ca.gov/charities						
AAUW Branch						CTXXXXXXX
Name of Organization				State Charity Registration N	umbe	
Branch Address				Corporation or Organization	Mo	XXXXXXX
Address (Number and Street) Branch Address				-1		
City or Town, State and ZIP Cod	le			Federal Employer I.D. No.	CX-X	OXXXXXX
For	nnual a	accounting period ( begi	inning 07 / 01 /	21 ending 06 / 30 /	22	_)
			BALANCE SHEE	т		
ASSETS			LIAI	BILITIES		
Cash	\$	8,375	Ac	counts Payable	\$	
Savings	\$	4,500	Si	alary Payable	\$	
Investment	\$		o	ther Liabilities	\$	1,890
Land/Buildings	\$			TOTAL LIABILITIES	8	1,890
Other Assets	\$	1,500		TOTAL EMBILITIES	_	1,090
TOTAL ASSETS	\$	14,375	FUN	ND BALANCE		
	Ť		То	otal Assets less Total Liabilities	\$	12,485
		RE	VENUE STATEM			
REVENUE			EXF	PENSES		
Cash Contributions	\$	2,100	Co	ompensation of Officers/Director	s \$	
Noncash Contributions	\$		Co	ompensation of Staff	\$	
Program Revenue	\$	2,000	Fu	indraising Expenses	\$	2,250
Investments	\$		Ri	ent	\$	
Special Events	\$		Ut	ilities	\$	
Other Revenue	\$	5,600	Su	upplies/Postage	\$	50
TOTAL REVENUE	s	9,700	In	surance	\$	395
		3,700	<b></b>	ther Expenses	\$	4,920
Total Revenue less Total Expe	nses \$	2,085	_ [	TOTAL EXPENSES	\$	7,615
I hereby declare under penalty	of perj	ury that I have examined	this report, including	accompanying documents,	and,	to the best of my knowledge
and belief, the content is true,	correct	and complete and I am	authorized to sign.			
I				Branch Tr	neae	urer 9/15/22

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

# **SI-100 Completed Form**

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



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

Statement of Information	SI-100	]			
	ration and				
\$20.00					
Fee (Optional) - \$5.00					
		2.7			_
ich		N	umber		
Addresses					
	if any - Do not	City (	(no abbreviations)	State	Zip Code
Address				CA	
dress of Corporation, if different t	than item 3a	City (	(no abbreviations)	State	Zip Code
The Corporation is required to ente below. An additional title for Chi- however, the preprinted titles on the	ef Executive Off	ficer or	Chief Financial Off		
below. An additional title for Chic however, the preprinted titles on the	ef Executive Off	ficer or	Chief Financial Off		
below. An additional title for Chie however, the preprinted titles on the	ef Executive Off his form must no	ficer or	Chief Financial Off tered.		ay be adde
below. An additional title for Chi- however, the preprinted titles on the secutive Officer/ First Name	ef Executive Off his form must no Middle Name	ficer or ot be al	Chief Financial Off tered.	ficer ma	ay be adde
below. An additional title for Chi- however, the preprinted titles on the ecutive Officer/ First Name	ef Executive Off his form must no Middle Name	ficer or ot be al	Chief Financial Off tered. Last Name	ficer ma	Sul
below. An additional title for Chi- however, the preprinted titles on the scutive Officer/ First Name ent Name	ef Executive Off his form must no Middle Name	ficer or ot be al	Chief Financial Off tered. Last Name	ficer ma	Sul
below. An additional title for Chi- however, the preprinted titles on the scutive Officer/ First Name ent Name	ef Executive Off his form must no Middle Name	ficer or ot be al	Chief Financial Off tered.  Last Name  (no abbreviations)	ficer ma	Sul Zip Code
below. An additional title for Chi- however, the preprinted titles on the cuttive Officer/ First Name ent Name  Int Address - Branch P  If First Name ary Name	ef Executive Offi his form must no Middle Name	City (	Chief Financial Off tered.  Last Name  (no abbreviations)	State	Sul Zip Code
below. An additional title for Chi- however, the preprinted titles on the cent Name  ant Address - Branch P  First Name  ary Name  ry Address - Branch F	ef Executive Offinis form must no Middle Name  PO Box Middle Name	City (	Chief Financial Off tered.  Last Name (no abbreviations)  Last Name (no abbreviations)	State	Zip Code Sui
below. An additional title for Chichowever, the preprinted titles on the cutive Officer/ First Name ent Name  ant Address - Branch Park First Name  ary Name  ary Address - Branch F	ef Executive Offi his form must no Middle Name	City (	Chief Financial Off tered.  Last Name  (no abbreviations)  Last Name	State	Sul Zip Code
below. An additional title for Chi- however, the preprinted titles on the cutive Officer/ First Name ent Name  Int Address - Branch F Interpretation of the preprinted titles on the Interpretation of the Inter	ef Executive Off his form must no Middle Name  PO BOX Middle Name  PO BOX Middle Name	City (	Chief Financial Off tered.  Last Name (no abbreviations)  Last Name (no abbreviations)	State	Zip Code Sui
	General Cooperative Corporations due withing 90 days of initial registrates thereafter. \$20.00  In Fee (Optional) – \$5.00  Ion Name (Enter the exact name of an as it is recorded with the Californiach  Addresses  dress of California Principal Office, Box  Address	\$20.00  In Fee (Optional) - \$5.00  Ion Name (Enter the exact name of the en as it is recorded with the California Secretary of each  Addresses  dress of California Principal Office, if any - Do not Box	due withing 90 days of initial registration and wars thereafter.  \$20.00  In Fee (Optional) – \$5.00  Ion Name (Enter the exact name of the on as it is recorded with the California Secretary of other hands of California Principal Office, if any - Do not Box  Addresses  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not City (California Secretary of Box  Address of California Principal Office, if any - Do not California Principal Office, if any - Do not California Principal Office, if any -	due withing 90 days of initial registration and tars thereafter.  \$20.00  In Fee (Optional) – \$5.00  Ion Name (Enter the exact name of the in as it is recorded with the California Secretary of inch  Addresses  dress of California Principal Office, if any - Do not Box  Address	Addresse  Address  General Cooperative Corporations)  due withing 90 days of initial registration and the state thereafter.  \$20.00  The Coptional) - \$5.00  This Space For Office Use the state is recorded with the California Secretary of the state is recorded with the California Secretary of the state is recorded with the California Secretary of State Enumber  Addresses  Gress of California Principal Office, if any - Do not Box  Address  CA

Agent Name  b. Street Address (if agenot enter a P.O. Box  Agent Address  CORPORATION - C.  c. California Registered  Check here if the cotthe Davis-Stirling Cotthe Commercial and seq.). The corporation as required by California Registered  7. Email Notifications	Complete Item 5c only. Or Corporate Agent's Name Developments or proration is an association mon Interest Development Industrial Common Interest Development Industrial Common Interest Item Item Industrial Common Interest Item Item Industrial Item Industr	Do City ( inly include the original properties of the conformed to more formed to	nanage a cor ornia Civil Co ent Act (Cal	Do not co	State CA d agent Coromplete Iter est develop 4000, et sr Code sec	pment unde
b. Street Address (if age not enter a P.O. Box Agent Addres CORPORATION – Cc. California Registered  6. Common Interest D  Check here if the cc the Davis-Stirling Cc the Commercial and seq.). The corporation as required by California Registered B	Complete Item 5c only. On Corporate Agent's Name Developments or portion is an association ommon Interest Development Industrial Common Interest Development	on formed to nonent Act (Califrest Development on 5405(a) and 6	name of the corporation) nanage a corporai Civil Corporation Civil Civil Corporation Civil Civil Civil Civil Corporation Civil	Do not co	d agent Cor omplete Iter	poration. m 5a or 5b present under eq.) or under tion 6500, e
CORPORATION - Co. California Registered  6. Common Interest D  Check here if the cothe Davis-Stirling Cothe Commercial and seq.). The corporation as required by Califothias required by Califothias remained information reminders, continue to receive notice.	Complete Item 5c only. On Corporate Agent's Name Developments or portion is an association ommon Interest Development Industrial Common Interest Development	on formed to nonent Act (Califrest Development on 5405(a) and 6	name of the corporation) nanage a corporai Civil Corporation Civil Civil Corporation Civil Civil Civil Civil Corporation Civil	Do not co	d agent Cor omplete Iter	poration. m 5a or 5b present under eq.) or under tion 6500, e
CORPORATION – Co. California Registered  6. Common Interest D  Check here if the cothe Commercial and the Davis-Stirling Country of the Commercial and the Commercial as required by California Commercial and Information reminders, continue to receive notions	Complete Item 5c only. Or Corporate Agent's Name Developments or proration is an association mon Interest Development Industrial Common Interest Development Industrial Common Interest Item Item Industrial Common Interest Item Item Industrial Item Industr	on formed to n nent Act (Califorest Developm by Common In 5405(a) and 6	nanage a cor ornia Civil Co ent Act (Cal	Do not co	rest develop	pment unde
C. California Registered  Check here if the country the Davis-Stirling Country the Commercial and seq.). The corporatian sequired by Califor  Email Notifications  Provide an email ad Information reminders, continue to receive noti	Corporate Agent's Name  Developments  Developments  Developments  Developments  Development Development Industrial Common Interest Development Industrial Common Interior must file a Statement to ornia Civil Code sections:	on formed to n nent Act (Califorest Developm by Common In 5405(a) and 6	nanage a cor ornia Civil Co ent Act (Cal	Do not co	rest develop 4000, et sel	pment unde
6. Common Interest D  Check here if the co the Davis-Stirling Cr the Commercial and seq.). The corporati as required by Califf 7. Email Notifications  Provide an email ad Information reminders, continue to receive noti	Developments  Deporation is an association or a second of a second or a second of a second or a second	on formed to n nent Act (Califorest Developm by Common In 5405(a) and 6	nanage a cor ornia Civil Co nent Act (Cal	mmon inter	rest develop 4000, et se	pment unde eq.) or unde tion 6500, e
Check here if the co the Davis-Stirling Co the Commercial and seq.). The corporat as required by Calift 7. Email Notifications Provide an email ad Information reminders, continue to receive noti	orporation is an association of the common interest Developmed Industrial Common Interest Development on must file a Statement to ornia Civil Code sections of the common civil Code sections in the common civil Code sections in the common civil Code sections in the code sections in the code in	nent Act (Califorest Developm by Common In 5405(a) and 6	ornia Civil Co nent Act (Cal iterest Devel	ode section ifornia Civi	4000, et se	eq.) or unde tion 6500, e
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Provide an email add Information reminders, continue to receive noti		eive entity re				
Information reminders, continue to receive noti		eive entity re				
Van Lantin to consider	ces and reminders by USI	SPS mail. Not				
res, i opt-in to receive e	entity notifications via ema	il. Email Addre	ess:			
To change your option	after filing, you must subm	mit a new com	plete Statem	ent of Infor	mation.	
The Information conta	lined herein, including in	n any attachm	nents, is tru	e and corn	ect.	
Date Type	or Print Name		Title		Signature	

# Questions?

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

STATE OF CALIFORNIA			DEPARTMENT OF JUSTICE
CT-NRP-1 (Rev. 08/2022)	APPLICATION FO	R REGISTRATION	PAGE 1 of 3
	NONPROFIT RA	FFLE PROGRAM	
	(California Penal (	Code section 320.5)	-
MAIL TO:			
MAIL 10: Office of the Attorney General	The registration period is Ja	anuary 1 to December 31.	
Registry of Charitable Trusts			
P.O. Box 903447			
Sacramento, CA 94203-4470	A CHECK IN THE AMOUN	IT OF \$30 MADE PAYABLE TO	
STREET ADDRESS:		CE MUST ACCOMPANY THIS	
1300   Street	REGISTRATION FORM		
Sacramento, CA 95814 (916) 210-6400			
WEBSITE ADDRESS:			
www.oag.ca.gov/charitles			
			(For Registry Use Only)
Proof of California Franchise Tax Board exempt statu		(For Regis	stry Use Only)
registration application. This application will otherwise returned to the organization.	se be deemed deficient and		
Total to all organization.		Raffle Registration Number	:
Name of Organization:		Provide at least one of the fe	ollowing:
Branch Name		Trovide at least one of the l	ono ming.
A 14		State Charity Registration Num	her CTXXXXXXX
Address of Organization: Branch Address		Clare Charty Hogica adolf Hair	
Branch Address		Federal Employer Identification	Number (FEIN):
City or Town, State and ZIP Code:		. ,	
Branch Address		XX-XXXXXXX	
E-mail Address:			
Branch Contact E-mail Address		SOS Corporation Number: C	XXXXXXX
		303 Corporation Number. C	700000
Telephone Number:			
Branch Contact Telephone Number		FTB Organization Number:	OXXXX
Fax Number:			
		+	
Please list the date your organization	first qualified to condu	uct business in the State of C	alifornia: 11/5/2019
Specify the organization's tax - ex	empt status pursuan	t to California Rèvenue an	d Taxation Code section:
23701a Labor, agricultural, or horticultural	al organizations	23701g Nonprofit pleasure ar	nd recreation clubs
<ul> <li>23701b Fraternal beneficiary societies, o</li> </ul>	rders or associations	<ul> <li>23701k Religious or apostolic</li> </ul>	corporations having common or
23701d Religious, charitable, scientific, to	esting for public safety	23701l Domestic fratemal so	rieties orders or associations
literary, educational, amateur sports or p		2570 II Donicate il aterial ac	Cicuco, oracio or associations
children or animals organization	,		
	sommerse real estate	22701t Homogumom and acc	asiationa
<ul> <li>2370 e Business leagues, chambers of oboards, and boards of trade</li> </ul>	commerce, real estate	<ul> <li>23701t Homeowners and ass</li> </ul>	ociations
<ul> <li>23701f Civic leagues, social welfare orga</li> </ul>	anizations and local	<ul><li>23701w Veterans organizatio</li></ul>	ns
employee organizations			
Proposed date(s) of raffle(s) [REQUIRE		1/15/23	
	(month/day/year) (After I	December 31, a new registration is req	uired.)
I declare under penalty of perjury under the			
including accompanying documents, that	the content is true, corre	ect and complete, and I am author	orized to sign.
IDEAL .		5/4/2	3 (60 days before1st raffle)
		5/1/2	3 (00 days before 1st fame)
Signature of Authorized Office	r or Director Who Pren	ared This Form	Date
- January Striperson Company			
Printed Name of Authorized	Officer or Director	Title of Autho	rized Officer or Director

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

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



STATE OF CALIFORNIA FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0540

**Entity Status Letter** 



## Why You Received This Letter

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

Entity ID: 9771473

Entity Name: AMERICAN ASSOCIATION OF UNIVERSITY WOMEN DANVILLE-ALAMO

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

  through the Franchise Tax Board

# Important Information

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

# **Connect With Us**

Web: ftb.ca.gov

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

916-845-6500 from outside the United States

California

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

FTB 4263A WEB (REV 12-2019)

For Entity Status Letter, go to:

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

# **CT-NRP-2 Form**

STATE OF CALIFORNIA CT-NRP-2 (Rev. 08/2022)

## NONPROFIT RAFFLE REPORT



ARTMENT	OF JUS		
		,	C.

Registry P.O. Bo Sacram STREE 1300 I S Sacram (916) 2 WEBSI	the Attorney General y of Charitable Trusts x 903447 ento, CA 94203-4470 T ADDRESS:	which a raffle was o	completed for each year in conducted (January 1 through scember 31). e on or before February 1. nal Code section 320.5)	(For Registry Use Only)
PART	A: General Organization	n Reporting Info	rmation	
Name	of Organization:		Provide at least one of the fo	ollowing:
			State Charity Registration N	umber:
Addres	s of Organization:		Raffle Registration Number:	
City or	Town, State and ZIP Code:		Federal Employee Identifica	tion Number (FEIN):
E-mail	Address:		SOS Corporation Number of	r FTB Organization Number:
Teleph	one Number:			
Fax Nu	mber:			
Part E	3: Raffle Information			
1.	Raffle year ending December	31,		
			(Year)	
2.	Aggregate gross receipts from	the operation of raf	fle(s): \$	
3.		, ,	from the operation of raffle(s)	
4.	purpose of the eligible organiz	ation or for the bene	cket sales must be used for the fit of another eligible organizati ation use funds from sources of	on. Did direct costs
	If yes,			
	4(A) Total funds from sources raffle(s)?	other than ticket sal	es used for the administration of	or other costs of conducting the
	<u> </u>			
	4(B) What was the source of to	hese funds?		
5.	Describe the charitable or ben for which the raffle proceeds v			

STATE OF CALIFORNIA CT-NRP-2 (Rev. 08/2022)

# NONPROFIT RAFFLE REPO

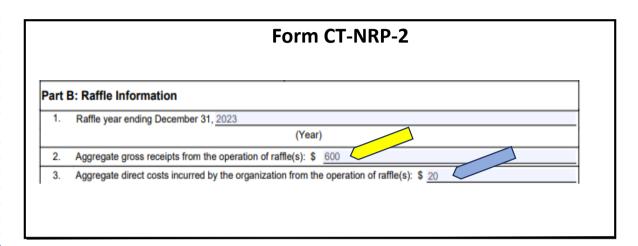
CT-NRP-2 (Rev. 08/20	NONPROFIT RAFFLE REPORT  NONPROFIT RAFFLE REPORT	E 2 of 4	
6.	Were some or all of the raffle proceeds used for the benefit of another eligible nonprofit organization?	Yes [	No No
Recipi	ent Organization \$ Dollar Amount of Raffle Proceeds to Recipient Or	rganiz	ation
Addres	ss of Recipient Organization Contact Person for Recipient Organization		
City, S	tate, and ZIP Code Telephone Number of Recipient Organization		
Part (	C: Certification by Authorized Officer or Director of Reporting Organization	_	
I he	reby certify that:	True	Fals
1)	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.		
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).		
3)	No person involved in or connected with the conduct of the raffle(s) was compensated by the organization conducting the raffle(s) from raffle proceeds required to be used for beneficial or charitable purposes.		
4)	No gaming machine, apparatus or device, including but not limited to one which meets the definition of a slot machine as described in California Penal Code sections 330a, 330b, or 330.1, was used in conducting the raffle(s).		
5)	No individual corporation, partnership or other legal entity has or holds a financial interest in the conduct of the raffle(s) other than the organization conducting the raffle(s) or any private, nonprofit eligible organization which received funds from the raffle(s).		
6)	No raffle was conducted, and no raffle tickets were sold, traded, or redeemed, within an operating racetrack enclosure, satellite wagering facility, or gambling establishment.		
7)	Tickets were not sold, traded or redeemed over the Internet.		
8)	Raffle funds were not used for any purpose outside of California.		
8) If the a the an in Part		ques	

I declare under penalty of perjury under the laws of the State of California accompanying documents, that the content is true, correct and complete,

Signature of Authorized Officer or Director Who Prepared the Report	Date
report	
Printed Name of Authorized Officer or Director	Title of Authorized Officer or Director

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

		Statement of Activities		
				Year 1
Rev	enues:			
	Operating In	come		
	Branch Dues Income		\$	2,100.00
	Program Income		\$	2,000.00
			\$	4,100.00
	Project Incom	me		
	Fundraising Income			
		Local Scholarships	\$	5,000.00
		Local Scholarships Raffle	\$	600.00
			\$	5,600.00
		Total Revenues	\$	9,700.00
Exp	enses:			
	Operating Ex	penses		
	Insurance		\$	395.00
	Postage		\$	50.00
	California As	sessment	\$	65.00
	Filing Fees		\$	55.00
	Directory Expense		\$	250.00
	Conferences	/Trainings	\$	500.00
			\$	1,315.00
	Program Exp	nenditures		
	Fundraising Expense			
		Local Scholarships	\$	2,230.00
		Local Scholarships Raffle	\$	20.00
	Program Exp	enditures		
		Scholarships Funded	\$	3,000.00
		Other Programs	\$	1,050.00
		Total Expenses	\$	7,615.00
Rev	enue less Expe	enses	\$	2,085.00



**Expenses must be no more than 10% of proceeds** 

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

DEPARTMENT OF JUSTICE STATE OF CALIFORNIA NONPROFIT RAFFLE REPORT NONPROFIT RAFFLE REPORT Were some or all of the raffle proceeds used for the benefit of another eligible nonprofit organization? Yes No MAIL TO: If the answer is yes, provide the following information below for each organization for which the proceeds were used. Attach additional sheets of paper, if necessary. Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 A report must be completed for each year in which a raffle was conducted (January 1 through December 31). STREET ADDRESS 1300 I Street Sacramento, CA 95814 The report is due on or before February 1. (916) 210-6400 (California Penal Code section 320.5) Recipient Organization Dollar Amount of Raffle Proceeds to Recipient Organization WEBSITE ADDRESS (For Registry Use Only) Address of Recipient Organization Contact Person for Recipient Organization PART A: General Organization Reporting Information Provide at least one of the following: Name of Organization: City, State, and ZIP Code Telephone Number of Recipient Organization AAUW Citrus Heights Americna River Branch State Charity Registration Number: CT0269774 Part C: Certification by Authorized Officer or Director of Reporting Organization Address of Organization: Raffle Registration Number: RF00009489 Bra I hereby certify that: City or Town. State and ZIP Code: True False Federal Employee Identification Number (FEIN): Branch Address At least 90% of the gross receipts (total dollar amount prior to deduction of expenses) received from the sale 84-3730820 of raffle tickets was used for the beneficial or charitable purposes of the eligible organization conducting the E-mail Address: raffle or for the benefit of another eligible organization. SOS Corporation Number or FTB Organization Number: Branch Email Address 4528185 None of the funds required to be used for beneficial or charitable purposes were provided to an officer, Telephone Number: director or member (as defined by Corporations Code section 5056) of the organization which conducted the Branch contact Phone Number Fax Number: No person involved in or connected with the conduct of the raffle(s) was compensated by the organization conducting the raffle(s) from raffle proceeds required to be used for beneficial or charitable purposes. No gaming machine, apparatus or device, including but not limited to one which meets the definition of a slot Part B: Raffle Information machine as described in California Penal Code sections 330a, 330b, or 330.1, was used in conducting the Raffle year ending December 31, 2023 (Year) No individual corporation, partnership or other legal entity has or holds a financial interest in the conduct of the raffle(s) other than the organization conducting the raffle(s) or any private, nonprofit eligible organization Aggregate gross receipts from the operation of raffle(s): \$ 600 which received funds from the raffle(s). Aggregate direct costs incurred by the organization from the operation of raffle(s): \$ 20 At least 90% of the gross receipts received from ticket sales must be used for the beneficial or charitable Yes V No No raffle was conducted, and no raffle tickets were sold, traded, or redeemed, within an operating racetrack enclosure, satellite wagering facility, or gambling establishment. purpose of the eligible organization or for the benefit of another eligible organization. Did direct costs exceed 10% of gross receipts and did your organization use funds from sources other than from ticket Tickets were not sold, traded or redeemed over the Internet. ~ sales to offset costs? Raffle funds were not used for any purpose outside of California. If the answer to any question in Part C, Items 1 through 8, was "False," please explain the circumstances that support If yes, the answer. Use additional sheets of paper, if necessary, for the explanation. If the answer to more than one question 4(A) Total funds from sources other than ticket sales used for the administration or other costs of conducting the in Part C was "False," reference the question number next to each explanation. raffle(s)? I declare under penalty of perjury under the laws of the State of California that I have examined this report, including accompanying documents, that the content is true, correct and complete, and I am authorized to sign. 4(B) What was the source of these funds? Signature of Authorized Officer or Director Who Prepared the Date Describe the charitable or beneficial purpose Scholarships to attend American River College for which the raffle proceeds were used. Printed Name of Authorized Officer or Director Title of Authorized Officer or Director