

# Financial Statements End of Year 1

Statement of Activities	Year 1
<b>Revenues:</b>	
<i>Operating Income</i>	
Branch Dues Income	\$ 2,100.00
Program Income	\$ 2,000.00
	\$ 4,100.00
<i>Project Income</i>	
Fundraising Income	
Local Scholarships	\$ 5,000.00
Local Scholaships Raffle	\$ 600.00
	\$ 5,600.00
<b>Total Revenues</b>	<b>\$ 9,700.00</b>
<b>Expenses:</b>	
<i>Operating Expenses</i>	
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
<i>Program Expenditures</i>	
Fundraising Expenses	
Local Scholarships	\$ 2,230.00
Local Scholarships Raffle	\$ 20.00
Program Expenditures	
Scholarships Funded	\$ 3,000.00
Other Programs	\$ 1,050.00
	\$ 7,615.00
<b>Total Expenses</b>	<b>\$ 7,615.00</b>
<b>Excess Revenues Over Expenses</b>	<b>\$ 2,085.00</b>

Statement of Financial Position	Yr 1 Begin	Yr 1 End	Change
<b>Assets:</b>			
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
<b>Total Assets</b>	<b>\$ 11,660.00</b>	<b>\$ 14,375.00</b>	<b>\$ 2,715.00</b>
<b>Liabilities:</b>			
Current Liabilities			
AAUW CA Dues	\$ -	\$ -	
AAUW National Dues	\$ -	\$ -	
AAUW National Donat	\$ -	\$ -	
Deferred Income			
Deferred Branch Dues	\$ 1,260.00	\$ 1,890.00	\$ 630.00
	<b>\$ 1,260.00</b>	<b>\$ 1,890.00</b>	<b>\$ 630.00</b>
<b>Net Assets:</b>			
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
<b>Total Net Assets</b>	<b>\$ 10,400.00</b>	<b>\$ 12,485.00</b>	<b>\$ 2,085.00</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 11,660.00</b>	<b>\$ 14,375.00</b>	<b>\$ 2,715.00</b>

## Transactions

1. Reclassify dues received prior to 7/1/22 for 7/1/22-6/30/23 year into income - \$1,260 (60 @ \$21pp).
2. 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).
4. Remit dues and donations for dues and donations received in 2 above to national and California.
5. 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
8. 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
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

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

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

WEBSITE ADDRESS:  
[www.ccg.ca.gov/charitas](http://www.ccg.ca.gov/charitas)

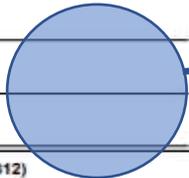
## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a 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.

(For Registry Use Only)

Name of Organization _____	Check if: <input type="checkbox"/> Change of address
List all DBAs and names the organization uses or has used _____	<input type="checkbox"/> Amended report
Address (Number and Street) _____	State Charity Registration Number _____
City or Town, State, and ZIP Code _____	Corporation or Organization No. _____
Telephone Number _____ E-mail Address _____	Federal Employer ID No. _____



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

### 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	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

#### PART A - ACTIVITIES

For your most recent full accounting period (beginning \_\_\_/\_\_\_/\_\_\_ ending \_\_\_/\_\_\_/\_\_\_) list:

Total Revenue \$ \_\_\_\_\_ Noncash Contributions \$ \_\_\_\_\_ Total Assets \$ \_\_\_\_\_  
(Including noncash contributions)

Program Expenses \$ \_\_\_\_\_ Total Expenses \$ \_\_\_\_\_

#### PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		
5. During this reporting period, did the organization receive any governmental funding?		
6. During this reporting period, did the organization hold a raffle for charitable purposes?		
7. Does the organization conduct a vehicle donation program?		
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signature of Authorized Agent \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## RRF-1 Source Information

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

<b>Expenses:</b>	
<i>Operating Expenses</i>	
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
<i>Program Expenditures</i>	
Fundraising Expenses	
Local Scholarships	\$ 2,230.00
Local Scholarships Raffle	\$ 20.00
Program Expenditures	
Scholarships Funded	\$ 3,000.00
Other Programs	\$ 1,050.00
	\$ 7,615.00
<b>Total Expenses</b>	<b>\$ 7,615.00</b>
<b>Excess Revenues Over Expenses</b>	<b>\$ 2,085.00</b>

Statement of Financial Position	Yr 1 Begin	Yr 1 End	Change
<b>Assets:</b>			
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
<b>Total Assets</b>	<b>\$ 11,660.00</b>	<b>\$ 14,375.00</b>	<b>\$ 2,715.00</b>

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	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200
<b>PART A - ACTIVITIES</b>					
For your most recent full accounting period (beginning <u>7/1/21</u> ending <u>6/30/22</u> ) list:					
Total Revenue \$	9,700	Noncash Contributions \$		Total Assets \$	14,375
(including noncash contributions)					
Program 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

STATE OF CALIFORNIA  
RRF-1  
(Rev. 02/2021)

DEPARTMENT OF JUSTICE  
PAGE 1 of 3

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 95833-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 215-6400

WEBSITE ADDRESS:  
[www.sos.ca.gov/charities](http://www.sos.ca.gov/charities)

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

(For Registry Use Only)

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 12588.1. IRS extensions will be honored.

Check if:  
 Change of address  
 Amended report

Name of Organization: AAUW Branch

List all DBAs and names the organization uses or has used

Branch Address: Address (Number and Street)

Branch Address: City or Town, State, and ZIP Code

Contact # Telephone Number Contact E-mail Address E-mail Address

Federal Employer ID No. XX-XXXXXXX

State Charity Registration Number CTXXXXXXX

Corporation or Organization No. XXXXXXXX

**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	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**  
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 \$ 7,615

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coverletter used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. During this reporting period, did the organization hold a raffle for charitable purposes? Att Sch With Dates of Raffles	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signature of Authorized Agent \_\_\_\_\_ Printed Name \_\_\_\_\_ Branch Treasurer \_\_\_\_\_ 9/15/2022 \_\_\_\_\_  
Title Date

**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



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

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

WEBSITE ADDRESS:  
[www.cag.ca.gov/charities](http://www.cag.ca.gov/charities)

**ANNUAL TREASURER'S REPORT  
 ATTORNEY GENERAL OF CALIFORNIA**  
 Section 12586, California Government Code  
 11 Cal. Code Regs., Section 301

(For Registry Use Only)

(FORM CT-TR-1)

Name of Organization	State Charity Registration Number
Address (Number and Street)	Corporation or Organization No.
City or Town, State and ZIP Code	Federal Employer I.D. No.

For annual accounting period ( beginning \_\_\_ / \_\_\_ / \_\_\_ ending \_\_\_ / \_\_\_ / \_\_\_ )

**BALANCE SHEET**

**ASSETS**

Cash	\$	
Savings	\$	
Investment	\$	
Land/Buildings	\$	
Other Assets	\$	
<b>TOTAL ASSETS</b>	\$	

**LIABILITIES**

Accounts Payable	\$	
Salary Payable	\$	
Other Liabilities	\$	
<b>TOTAL LIABILITIES</b>	\$	

**FUND BALANCE**

Total Assets less Total Liabilities	\$	
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**REVENUE STATEMENT**

**REVENUE**

Cash Contributions	\$	
Noncash Contributions	\$	
Program Revenue	\$	
Investments	\$	
Special Events	\$	
Other Revenue	\$	
<b>TOTAL REVENUE</b>	\$	

**EXPENSES**

Compensation of Officers/Directors	\$	
Compensation of Staff	\$	
Fundraising Expenses	\$	
Rent	\$	
Utilities	\$	
Supplies/Postage	\$	
Insurance	\$	
Other Expenses	\$	
<b>TOTAL EXPENSES</b>	\$	

**NET REVENUE**

Total Revenue less Total Expenses	\$	
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I hereby declare under penalty of perjury that I have examined this report, including accompanying documents, and, to the best of my knowledge and belief, the content is true, correct and complete and I am authorized to sign.

Signature of Authorized Agent	Printed Name	Title	Date
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## CT-TR-1 Balance Sheet Source Information

Statement of Activities

Statement of Financial Position			
	Yr 1 Begin	Yr 1 End	Change
<b>Assets:</b>			
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
<b>Total Assets</b>	<b>\$ 11,660.00</b>	<b>\$ 14,375.00</b>	<b>\$ 2,715.00</b>
<b>Liabilities:</b>			
Current Liabilities			
AAUW CA Dues	\$ -	\$ -	
AAUW National Dues	\$ -	\$ -	
AAUW National Donations	\$ -	\$ -	
Deferred Income			
Deferred Branch Dues	\$ 1,260.00	\$ 1,890.00	\$ 630.00
	<b>\$ 1,260.00</b>	<b>\$ 1,890.00</b>	<b>\$ 630.00</b>
<b>Net Assets:</b>			
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
<b>Total Net Assets</b>	<b>\$ 10,400.00</b>	<b>\$ 12,485.00</b>	<b>\$ 2,085.00</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 11,660.00</b>	<b>\$ 14,375.00</b>	<b>\$ 2,715.00</b>

Form CT-TR-1 BALANCE SHEET			
<b>ASSETS</b>		<b>LIABILITIES</b>	
Cash	\$ 8,375	Accounts Payable	\$ -
Savings	\$ 4,500	Salary Payable	\$ -
Investment	\$ -	Other Liabilities	\$ 1,890
Land/Buildings	\$ -	<b>TOTAL LIABILITIES</b>	<b>\$ 1,890</b>
Other Assets	\$ 1,500	<b>FUND BALANCE</b>	
<b>TOTAL ASSETS</b>	<b>\$ 14,375</b>	Total Assets less Total Liabilities	\$ 12,485

## CT-TR-1 Income Statement Source Information

Statement of Activities		Year 1
<b>Revenues:</b>		
<i>Operating Income</i>		
Branch Dues Income	\$	2,100.00
Program Income	\$	2,000.00
		\$ 4,100.00
<i>Project Income</i>		
Fundraising Income		
Local Scholarships	\$	5,000.00
Local Scholarships Raffle	\$	600.00
		\$ 5,600.00
<b>Total Revenues</b>	<b>\$</b>	<b>9,700.00</b>
<b>Expenses:</b>		
<i>Operating Expenses</i>		
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
<i>Program Expenditures</i>		
Fundraising Expense		
Local Scholarships	\$	2,230.00
Local Scholarships Raffle	\$	20.00
<i>Program Expenditures</i>		
Scholarships Funded	\$	3,000.00
Other Programs	\$	1,050.00
<b>Total Expenses</b>	<b>\$</b>	<b>7,615.00</b>
<b>Revenue less Expenses</b>		<b>\$ 2,085.00</b>

Form CT-TR-1 REVENUE STATEMENT	
<b>REVENUE</b>	
Cash Contributions	\$ 2,100
Noncash Contributions	\$
Program Revenue	\$ 2,000
Investments	\$
Special Events	\$ 5,600
Other Revenue	\$
<b>TOTAL REVENUE</b>	<b>\$ 9,700</b>
<b>NET REVENUE</b>	
Total Revenue less Total Expenses	\$ 2,085
<b>EXPENSES</b>	
Compensation of Officers/Directors	\$
Compensation of Staff	\$
Fundraising Expenses	\$ 2,250
Rent	\$
Utilities	\$
Supplies/Postage	\$ 50
Insurance	\$ 395
Other Expenses	\$ 4,920
<b>TOTAL EXPENSES</b>	<b>\$ 7,615</b>

## CT-TR-1 Attachment Source Information

Statement of Activities

Statement of Activities		Year 1
<b>Revenues:</b>		
<i>Operating Income</i>		
Branch Dues Income	\$	2,100.00
Program Income	\$	2,000.00
		\$ 4,100.00
<i>Project Income</i>		
Fundraising Income		
Local Scholarships	\$	5,000.00
Local Scholaships Raffle	\$	600.00
		\$ 5,600.00
<b>Total Revenues</b>	<b>\$</b>	<b>9,700.00</b>
<b>Expenses:</b>		
<i>Operating Expenses</i>		
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
<i>Program Expenditures</i>		
Fundraising Expenses		
Local Scholarships	\$	2,230.00
Local Scholarships Raffle	\$	20.00
Program Expenditures		
Scholarship Funded	\$	3,000.00
Other Programs	\$	1,050.00
		\$ 7,615.00
<b>Total Expenses</b>	<b>\$</b>	<b>7,615.00</b>
<b>Excess Revenues Over Expenses</b>	<b>\$</b>	<b>2,085.00</b>

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

AAUW BRANCH	
State Charity Reg Number:	CTXXXXXXX
Fiscal Year Ending 6/30/22	
Attachment to Form CT-TR-1	
<b>Other Assets</b>	
Prepaid Venue Deposit	\$ 1,500
<b>Other Liabilities</b>	
Deferred Revenue Dues	\$ 1,890
<b>Other Expenses</b>	
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>	<b>\$ 4,920</b>

# CT-TR-1 Completed Form and Attachment

STATE OF CALIFORNIA  
CT-TR-1  
(Orig. 06/2017)

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

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

WEBSITE ADDRESS:  
[www.csrp.ca.gov/charities](http://www.csrp.ca.gov/charities)

DEPARTMENT OF JUSTICE  
PAGE 1 of 4

**ANNUAL TREASURER'S REPORT**  
**ATTORNEY GENERAL OF CALIFORNIA**  
Section 12586, California Government Code  
11 Cal. Code Regs., Section 301

**(FORM CT-TR-1)**

(For Registry Use Only)

AAUW Branch  
Name of Organization

Branch Address  
Address (Number and Street)

Branch Address  
City or Town, State and ZIP Code

State Charity Registration Number CTXXXXXXXX

Corporation or Organization No. XXXXXXXX

Federal Employer I.D. No. XX-XXXXXXXX

For annual accounting period ( beginning 07 / 01 / 21 ending 06 / 30 / 22 )

**BALANCE SHEET**

**ASSETS**

Cash	\$ 8,375
Savings	\$ 4,500
Investment	\$
Land/Buildings	\$
Other Assets	\$ 1,500
<b>TOTAL ASSETS</b>	<b>\$ 14,375</b>

**LIABILITIES**

Accounts Payable	\$
Salary Payable	\$
Other Liabilities	\$ 1,890
<b>TOTAL LIABILITIES</b>	<b>\$ 1,890</b>

**FUND BALANCE**

Total Assets less Total Liabilities	\$ 12,485
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**REVENUE STATEMENT**

**REVENUE**

Cash Contributions	\$ 2,100
Noncash Contributions	\$
Program Revenue	\$ 2,000
Investments	\$
Special Events	\$
Other Revenue	\$ 5,600
<b>TOTAL REVENUE</b>	<b>\$ 9,700</b>

**NET REVENUE**

Total Revenue less Total Expenses	\$ 2,085
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**EXPENSES**

Compensation of Officers/Directors	\$
Compensation of Staff	\$
Fundraising Expenses	\$ 2,250
Rent	\$
Utilities	\$
Supplies/Postage	\$ 50
Insurance	\$ 395
Other Expenses	\$ 4,920
<b>TOTAL EXPENSES</b>	<b>\$ 7,615</b>

I hereby declare under penalty of perjury that I have examined this report, including accompanying documents, and, to the best of my knowledge and belief, the content is true, correct and complete and I am authorized to sign.

		Branch Treasurer	9/15/22
Signature of Authorized Agent	Printed Name	Title	Date

<b>AAUW BRANCH</b>	
State Charity Registration Number:	
Fiscal Year Ending 6/30/22	
Attachment to Form CT-TR-1	
<b>Other Assets</b>	
Prepaid Venue Deposit	\$ 1,500
<b>Other Liabilities</b>	
Deferred Revenue Dues	\$ 1,890
<b>Other Expenses</b>	
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>	<b>\$ 4,920</b>

# SI-100 Completed Form

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

Secretary of State  
 Business Programs Division  
 Business Entities  
 1000 14th Street, Sacramento, CA 95834  
 P.O. Box 94226, Sacramento, CA 94244-2260

**Submission Cover Sheet**

For faster service, file online at [bizfileonline.sos.ca.gov/](https://bizfileonline.sos.ca.gov/)

**Instructions:**

- Complete and include this form with your paper submission. This information only will be used to communicate in writing about the submission, if needed. This form will be treated as correspondence and will not be made part of the filed document.
- Make all checks or money orders payable to the Secretary of State.
- If person submissions (including Statements of Information) \$15 handling fee; do not include a \$15 handling fee when submitting documents by mail.
- Standard processing time for submissions to this office is approximately 5 business days from receipt. All submissions are reviewed in the date order of receipt with online submissions given priority. For updated processing time information, visit <https://www.sos.ca.gov/bizfile/submission-cover-sheet-be.pdf>.

**Optional Copy and Certification Fees:**

- If applicable, include optional certification fees with your submission.
- For applicable certification fee information, refer to the instructions of the specific form you are submitting.

**Contact Person:** (Please type or print legibly)  
 First Name: Branch Last Name: Treasurer

Phone (optional):

**Entity Information:** (Please type or print legibly)  
 Name: AAUW Branch  
 Entity Number (if applicable): XXXXXXXX (on CA Articles of Incorporation)  
 Address: Branch Address  
 Comments:

MEMORANDUM FOR REVIEWERS

Clear Form Print Form

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)

**SI-100**

This form is due within 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**  
 XXXXXXXX

**3. Business Addresses**

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box Branch Address	City (no abbreviations)	State	Zip Code
		CA	
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code

**4. Officers** The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/	First Name	Middle Name	Last Name	Suffix
President Name				
Address	City (no abbreviations)	State	Zip Code	
President Address - Branch PO Box				
b. Secretary/	First Name	Middle Name	Last Name	Suffix
Secretary Name				
Address	City (no abbreviations)	State	Zip Code	
Secretary Address - Branch PO Box				
c. Chief Financial Officer/	First Name	Middle Name	Last Name	Suffix
Treasurer Name				
Address	City (no abbreviations)	State	Zip Code	
Treasurer Address - Branch PO Box				

**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	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box Agent Address	City (no abbreviations)	State	Zip Code
		CA	

**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

**6. Common Interest Developments**

Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a).

**7. Email Notifications**

Provide an email address to opt-in to receive entity related notifications, including Statement of Information reminders, by email rather than USPS mail. Note: If no email address is provided, you will continue to receive notices and reminders by 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

Questions?

# CT-NRP-1 Completed Form

STATE OF CALIFORNIA  
CT-NRP-1  
(Rev. 08/2022)

**APPLICATION FOR REGISTRATION  
NONPROFIT RAFFLE PROGRAM**  
(California Penal Code section 320.5)

DEPARTMENT OF JUSTICE  
PAGE 1 of 3

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

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

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

The registration period is January 1 to December 31.

**A CHECK IN THE AMOUNT OF \$30 MADE PAYABLE TO DEPARTMENT OF JUSTICE MUST ACCOMPANY THIS REGISTRATION FORM**

(For Registry Use Only)

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Proof of California Franchise Tax Board exempt status must be attached to this registration application. This application will otherwise be deemed deficient and returned to the organization.

**Name of Organization:**  
Branch Name

**Address of Organization:**  
Branch Address

**City or Town, State and ZIP Code:**  
Branch Address

**E-mail Address:**  
Branch Contact E-mail Address

**Telephone Number:**  
Branch Contact Telephone Number

**Fax Number:**

(For Registry Use Only)

**Raffle Registration Number:** \_\_\_\_\_

**Provide at least one of the following:**

State Charity Registration Number: CTXXXXXXX

Federal Employer Identification Number (FEIN):  
XX-XXXXXXX

SOS Corporation Number: C XXXXXXX

FTB Organization Number: XXXXXXX

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**Please list the date your organization first qualified to conduct business in the State of California:** 11/5/2019

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**Specify the organization's tax - exempt status pursuant to California Revenue and Taxation Code section:**

<input type="checkbox"/> 23701a Labor, agricultural, or horticultural organizations	<input type="checkbox"/> 23701g Nonprofit pleasure and recreation clubs
<input type="checkbox"/> 23701b Fraternal beneficiary societies, orders or associations	<input type="checkbox"/> 23701k Religious or apostolic corporations having common or
<input type="checkbox"/> 23701d Religious, charitable, scientific, testing for public safety, literary, educational, amateur sports or prevention of cruelty to children or animals organization	<input type="checkbox"/> 23701l Domestic fraternal societies, orders or associations
<input type="checkbox"/> 23701e Business leagues, chambers of commerce, real estate boards, and boards of trade	<input type="checkbox"/> 23701t Homeowners and associations
<input type="checkbox"/> 23701f Civic leagues, social welfare organizations and local employee organizations	<input type="checkbox"/> 23701w Veterans organizations

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**Proposed date(s) of raffle(s) [REQUIRED]** 7/15/23, 9/15/23, 11/15/23  
(month/day/year) (After December 31, a new registration is required.)

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**I declare under penalty of perjury under the laws of the State of California that I have examined this application for registration, including accompanying documents, that the content is true, correct and complete, and I am authorized to sign.**

**Signature of Authorized Officer or Director Who Prepared This Form**

5/1/23 (60 days before 1st raffle)

**Date**

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**Printed Name of Authorized Officer or Director**

**Title of Authorized Officer or Director**

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

Example

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**Entity Status Letter**

Date: 9/26/2023  
ESL ID: 1057979895

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**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

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1. The entity is in good standing with the Franchise Tax Board.

2. The entity is **not** in good standing with the Franchise Tax Board.

3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 f.

4. We do not have current information about the entity.

5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

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

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**Connect With Us**

Web: [ftb.ca.gov](http://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)

check 2370d if branch is a 501(c)(3)  
check 2370f if branch is a 501(c)(4)

For Entity Status Letter, go to:  
<https://www.ftb.ca.gov/help/business/entity-status-letter.asp>

# CT-NRP-2 Form

STATE OF CALIFORNIA  
CT-NRP-2  
(Rev. 06/2022)

## NONPROFIT RAFFLE REPORT

DEPARTMENT OF JUSTICE  
PAGE 1 of 4



MAIL TO: Office of the Attorney General Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470  STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400  WEBSITE ADDRESS: <a href="http://www.oag.ca.gov/charities">www.oag.ca.gov/charities</a>	A report must be completed for each year in which a raffle was conducted (January 1 through December 31).  The report is due on or before February 1. (California Penal Code section 320.5)	(For Registry Use Only)
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### PART A: General Organization Reporting Information

Name of Organization:	<b>Provide at least one of the following:</b>
Address of Organization:	State Charity Registration Number: _____
City or Town, State and ZIP Code:	Raffle Registration Number: _____
E-mail Address:	Federal Employee Identification Number (FEIN): _____
Telephone Number:	SOS Corporation Number or FTB Organization Number: _____
Fax Number:	

### Part B: Raffle Information

1.	Raffle year ending December 31, _____ (Year)
2.	Aggregate gross receipts from the operation of raffle(s): \$ _____
3.	Aggregate direct costs incurred by the organization from the operation of raffle(s): \$ _____
4.	At least 90% of the gross receipts received from ticket sales must be used for the beneficial or charitable 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 <i>other</i> than from ticket sales to offset costs? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	If yes, 4(A) Total funds from sources other than ticket sales used for the administration or other costs of conducting the raffle(s)? \$ _____ 4(B) What was the source of these funds? _____
5.	Describe the charitable or beneficial purpose for which the raffle proceeds were used. _____

STATE OF CALIFORNIA  
CT-NRP-2  
(Rev. 06/2022)

## NONPROFIT RAFFLE REPORT

DEPARTMENT OF JUSTICE  
PAGE 2 of 4



6. Were some or all of the raffle proceeds used for the benefit of another eligible nonprofit organization?  Yes  No

If the answer is yes, provide the following information below for each organization for which the proceeds were used. Attach additional sheets of paper, if necessary.

Recipient Organization	\$ _____
Address of Recipient Organization	Dollar Amount of Raffle Proceeds to Recipient Organization
City, State, and ZIP Code	Contact Person for Recipient Organization
	Telephone Number of Recipient Organization

### Part C: Certification by Authorized Officer or Director of Reporting Organization

I hereby certify that:

	True	False
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.	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
7) Tickets were not sold, traded or redeemed over the Internet.	<input type="checkbox"/>	<input type="checkbox"/>
8) Raffle funds were not used for any purpose outside of California.	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any question in Part C, Items 1 through 8, was "False," please explain the circumstances that support the answer. Use additional sheets of paper, if necessary, for the explanation. If the answer to more than one question in Part C was "False," reference the question number next to each explanation.

I declare under penalty of perjury under the laws of the State of California that I have examined this report, including accompanying documents, that the content is true, correct and complete, and I am authorized to sign.

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

# CT-NRP-2 Source Information

Statement of Activities		Year 1
<b>Revenues:</b>		
<i>Operating Income</i>		
Branch Dues Income	\$	2,100.00
Program Income	\$	2,000.00
		\$ 4,100.00
<i>Project Income</i>		
<i>Fundraising Income</i>		
Local Scholarships	\$	5,000.00
Local Scholarships Raffle	\$	600.00
		\$ 5,600.00
<b>Total Revenues</b>	<b>\$</b>	<b>9,700.00</b>
<b>Expenses:</b>		
<i>Operating Expenses</i>		
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
<i>Program Expenditures</i>		
<i>Fundraising Expense</i>		
Local Scholarships	\$	2,230.00
Local Scholarships Raffle	\$	20.00
<i>Program Expenditures</i>		
Scholarships Funded	\$	3,000.00
Other Programs	\$	1,050.00
<b>Total Expenses</b>	<b>\$</b>	<b>7,615.00</b>
<b>Revenue less Expenses</b>	<b>\$</b>	<b>2,085.00</b>

### Form CT-NRP-2

**Part B: Raffle Information**

1. Raffle year ending December 31, 2023  
(Year)

2. Aggregate gross receipts from the operation of raffle(s): \$ 600

3. Aggregate direct costs incurred by the organization from the operation of raffle(s): \$ 20

Expenses must be no more than 10% of proceeds

# CT-NRP-2 Completed Form

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

## NONPROFIT RAFFLE REPORT

DEPARTMENT OF JUSTICE  
PAGE 1 of 4



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

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

WEBSITE ADDRESS:  
[www.nag.ca.gov/charities](http://www.nag.ca.gov/charities)

A report must be completed for each year in which a raffle was conducted (January 1 through December 31).

The report is due on or before February 1. (California Penal Code section 320.5)

(For Registry Use Only)

### PART A: General Organization Reporting Information

Name of Organization: AAUW Citrus Heights American River Branch	Provide at least one of the following: State Charity Registration Number: <u>CT0269774</u> Raffle Registration Number: <u>RF00009489</u>
Address of Organization: Bra	
City or Town, State and ZIP Code: Branch Address	Federal Employee Identification Number (FEIN): 84-3730820
E-mail Address: Branch Email Address	SOS Corporation Number or FTB Organization Number: 4528185
Telephone Number: Branch contact Phone Number	
Fax Number:	

### Part B: Raffle Information

1.	Raffle year ending December 31, <u>2023</u> (Year)
2.	Aggregate gross receipts from the operation of raffle(s): \$ <u>600</u>
3.	Aggregate direct costs incurred by the organization from the operation of raffle(s): \$ <u>20</u>
4.	At least 90% of the gross receipts received from ticket sales must be used for the beneficial or charitable 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 <i>other</i> than from ticket sales to offset costs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, 4(A) Total funds from sources <i>other than ticket sales</i> used for the administration or other costs of conducting the raffle(s)? \$ _____
	4(B) What was the source of these funds? _____
5.	Describe the charitable or beneficial purpose for which the raffle proceeds were used. <u>Scholarships to attend American River College</u>

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

## NONPROFIT RAFFLE REPORT

DEPARTMENT OF JUSTICE  
PAGE 2 of 4



6. Were some or all of the raffle proceeds used for the benefit of another eligible nonprofit organization?  Yes  No  
If the answer is yes, provide the following information below for each organization for which the proceeds were used. Attach additional sheets of paper, if necessary.

Recipient Organization	\$ _____ Dollar Amount of Raffle Proceeds to Recipient Organization
Address of Recipient Organization	Contact Person for Recipient Organization
City, State, and ZIP Code	Telephone Number of Recipient Organization

### Part C: Certification by Authorized Officer or Director of Reporting Organization

I hereby certify that:

	True	False
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7) Tickets were not sold, traded or redeemed over the Internet.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8) Raffle funds were not used for any purpose outside of California.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If the answer to any question in Part C, Items 1 through 8, was "False," please explain the circumstances that support the answer. Use additional sheets of paper, if necessary, for the explanation. If the answer to more than one question in Part C was "False," reference the question number next to each explanation.

I declare under penalty of perjury under the laws of the State of California that I have examined this report, including accompanying documents, that the content is true, correct and complete, and I am authorized to sign.

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