



MAIL TO:
 Registry of Charities and Fundraisers
 P.O. Box 903447
 Sacramento, CA 94203-4470

STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814

WEB SITE ADDRESS:
www.oag.ca.gov/charities

STATE OF CALIFORNIA
OFFICE OF THE ATTORNEY GENERAL
REGISTRY OF CHARITIES AND FUNDRAISERS
ANNUAL FINANCIAL SOLICITATION REPORT
 California Business and Professions Code Section 17510.9

Year Ending _____, 20 _____

(For Registry Use Only)

Name: _____ Address: _____ City: _____ State _____ Zip _____	CT _____ FEIN _____
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1. Was more than \$1,000,000 collected in charitable contributions from donors in California? Yes _____ No _____
 If the answer is NO, do not proceed. This document is not required. If YES, continue.
2. Do your charitable contributions collected from donors in California represent more than 50% of your annual income? Yes _____ No _____
 If the answer is NO, do not proceed. This document is not required. If YES, continue.

PART I STATEMENT OF REVENUE (See instructions)

A. Total Revenue reported on IRS Form 990	A.	\$ _____
B. Expenses deducted from Revenue on IRS Form 990	B.	\$ _____
C. Gross Revenue (Add lines A and B)	C.	\$ _____

PART II STATEMENT OF FUNCTIONAL EXPENSES (See instructions)

	Program (A)	% of Revenue (B)	Non-Program (C)	% of Non-Program (D)
1. Salary Expenses				
2. Fundraising Expenses				
3. Travel Expenses				
4. Overhead and General Expenses				
5. Program Expenses				
6. Total Non-Program Expenses				

7. Joint Cost Allocation Yes ___ No ___ If yes: 7a) Amount Allocated to Programs \$ _____ 7b) Percentage _____

PART III SALARIES OF FIVE (5) HIGHEST COMPENSATED EMPLOYEES (See instructions)

AMOUNT	NAME AND TITLE
\$	
\$	
\$	
\$	
\$	
\$	TOTAL SALARIES

Under penalty of perjury, I declare that I have examined this report, and to the best of my knowledge and belief it is true, correct and complete.

 Signature of authorized officer

 Printed Name

 Title

 Date



Office of the Attorney General
Registry of Charities and Fundraisers
Privacy Notice
As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The Attorney General's Registry of Charities and Fundraisers (Registry), a part of the Public Rights Division, collects the information requested on this form as authorized by the Supervision of Trustees and Fundraisers for Charitable Purposes Act (Gov. Code, § 12580 et seq.) and regulations adopted pursuant to the Act (Cal. Code Regs., tit. 11, § 300 et seq.). The Registry uses the information in the administration and enforcement of the Act, including to register, renew, or update your organization's registration or to prepare reports pursuant to the Act. The Attorney General may also use the information for additional purposes, including in support of investigations and law enforcement actions, providing public access to information as required by the Act (Gov. Code, §§ 12587, 12587.1, 12590), and making referrals to other law enforcement agencies. Any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at www.oag.ca.gov/privacy-policy.

Providing Personal Information. All the personal information requested in the form must be provided. An incomplete submission may result in the Registry not accepting the form, and cause your organization to be out of compliance with legal requirements to operate in California.

Access to Your Information. The completed form is a public filing that will be made available on the Attorney General's website at www.oag.ca.gov/charities pursuant to the public access requirements of the Act. You may review the records maintained by the Registry that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process the applicable registration, renewal, registration update, application, or report, we may need to share the information on this form with other government agencies. We may also share the information to further an investigation, including an investigation by other government or law enforcement agencies. In addition, the information is available and searchable on the Attorney General's website.

The information provided may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency consistent with state or federal law.

Contact Information. For questions about this notice or access to your records, contact the Registrar of Charities and Fundraisers, 1300 I Street, Sacramento, CA 95814 at rct@doj.ca.gov.



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Sacramento, CA 94203-4470

**STATE OF CALIFORNIA
OFFICE OF THE ATTORNEY GENERAL
REGISTRY OF CHARITIES AND FUNDRAISERS
ANNUAL FINANCIAL SOLICITATION REPORT
INSTRUCTIONS Form CT-694**

WEB SITE ADDRESS:
www.oag.ca.gov/charities

WHEN TO FILE

Form CT-694 is due at the same time as the Attorney General's Registry of Charities and Fundraisers form RRF-1, which is no later than four months and fifteen days after the end of the organization's accounting period (e.g., May 15 for calendar year filers).

WHO NEEDS TO FILE

Line 1: If more than \$1 million was collected in charitable contributions from donors in California check yes and continue to question #2. If less than \$1 million was raised from California donors check "No" and you are not required to file this form with the Registry.

Line 2: Do the funds collected from California donors represent more than 50% of the annual income. If the answer is yes, mark "Yes" and continue. If the answer is no, mark "No" and you are not required to file this form with the Registry.

PART 1 STATEMENT OF REVENUE

This Part represents all funds raised for your organization.

Line A: Please enter the total revenue as reported on the IRS Form 990 Part VIII, line 12, column A.

Line B: Please complete the following worksheet:

1. Cost or other basis and sales expenses related to sales revenue as reported on the IRS Form 990 Part VIII, line 7b. \$ _____
2. Direct expenses from fundraising events as reported on the IRS Form 990 Part VIII, line 8b. \$ _____
3. Direct expenses from gaming activities as reported on the IRS Form 990 Part VIII, line 9b. \$ _____
4. Cost of goods sold from sales of Inventory as reported on the IRS Form 990 Part VIII, line 10b. \$ _____
5. Add lines 1-4 above and enter on Form CT-694 Part 1, line B. \$ _____

Line C: Gross Revenue. Add lines A and B from Form CT-694.

PART II STATEMENT OF FUNCTIONAL EXPENSES

Salary Expenses

Line 1 Column A: Total Program Salaries

Please complete the following worksheet:

1. Program compensation of current officers, directors, trustees, and key employees as reported on IRS Form 990 Part IX, line 5, column B. \$ _____
2. Program compensation not included in Line 1 above, to disqualified persons as reported on the IRS Form 990 Part IX, line 6, column B. \$ _____
3. Other program salary and wages as reported on the IRS Form 990 Part IX, line 7, column B. \$ _____
4. Program pension plan accruals and contributions as reported on IRS Form 990 Part IX, line 8, column B. \$ _____
5. Other program employee benefits as reported on IRS Form 990 Part IX, line 9, column B. \$ _____
6. Total (add above lines 1-5) This is total Program salaries. Enter this amount on Form CT-694 Part II, line 1, Column A. \$ _____

Line 1 Column B: % of Revenue

Divide program salaries as reported on Form CT-694 Part II, line 1, column A, by gross revenue reported on Part 1, line C. Multiply this result by 100 and enter on Part II, line 1, column B.



Line 1 Column C: Non-Program Salaries

Please complete the following worksheet:

1. Non-program compensation of current officers, directors, trustees, and key employees as reported on IRS Form 990 Part IX, line 5, columns C and D. \$ _____
2. Non-program compensation not included in Line 1 above, to disqualified persons as reported on the IRS Form 990 Part IX, line 6 columns C and D. \$ _____
3. Other non-program salary and wages as reported on the IRS Form 990 Part IX, line 7 columns C and D. \$ _____
4. Non-program pension plan accruals and contributions as reported on IRS Form 990 Part IX, line 8, columns C and D. \$ _____
5. Other non-program employee benefits as reported on IRS Form 990 Part IX, line 9, columns C and D. \$ _____
6. Total (add above lines 1-5) This is total non-program salaries. Enter this amount on Form CT-694 line 1, column C. \$ _____

Line 1 Column D: % of Non-Program

Divide non-program salaries as reported on Form CT-694 Part II, line 1, column C by gross revenue reported on Part 1 line C. Multiply this result by 100 and enter on Part II, line 1, column D.

Fundraising Expenses

Line 2 Column C: Non-Program

1. Enter total amount of fundraising expenses as reported on IRS Form 990 Part IX, line 25, column D. \$ _____

2. Enter fundraising expenses from events as reported on IRS Form 990 Part VIII, line 8 b. \$ _____

3. Total lines 1 and 2 above and enter on Form CT-694 Part II, line 2, column C. \$ _____

Line 2 Column D: % of Non-Program

Divide fundraising expenses as reported on Form CT-694 Part II, line 2, column C by gross revenue reported on Part 1, line C. Multiply this result by 100 and enter on Part II, line 2, column D.

Travel Expenses

Line 3 Column A: Program

Enter the amount of program travel expenses from IRS Form 990 Part IX, line 17, column B.

Line 3 Column B: % of Revenue

Divide program travel expenses as reported on Form CT-694 Part II, line 3, column A by gross revenue reported on Part 1, line C. Multiply this result by 100 and enter on Form CT-694 Part II, line 3, column B.

Line 3 Column C: Non Program

Enter the non-program travel expense amounts from IRS Form 990 Part IX, line 17, columns C and D.

Line 3 Column D: % of Non-Program

Divide non-travel expenses as reported on Form CT-694 Part II, line 3, column C by gross revenue reported on Part 1, line C. Multiply this result by 100 and enter on Part II, line 3, column D.

Overhead & General Expenses

Line 4 Column C: Non-Program

Enter the amount from IRS Form 990 Part IX, line 25, column C.

Line 4 Column D: % of Non-Program

Divide overhead and general expenses as reported on Part II, line 4, column C by gross revenue reported on Form CT-694 Part 1, line C. Multiply this result by 100 and enter on Part II, line 4, column D.



Program Expenses

Line 5 Column A: Program

Enter the amount from the IRS Form 990 Part IX, line 25, column B.

Line 5 Column B: % of Revenue

Divide program expenses as reported on Form CT-694, Part II, line 5, column A by gross revenue reported on Part 1, line C. Multiply this result by 100 and enter on Part II, line 5, column B.

Total Non-Program Expenses

Line 6 Column C: Non-Program

Combine the amounts from Form CT-694, Part II, line 2, column C and line 4, column C.

Line 6 Column D: % of Non-Program

Divide total non-program expenses as reported on Part II, line 6, column C by gross revenue reported on Part 1, line C. Multiply this result by 100 and enter on Part II, line 6, column D.

If the result is less than 25%, you are not required to submit this form.

Line 7 Joint Cost Allocation:

Did the organization mark yes on the IRS form 990 Part IX Line 26? If no then mark no and move on to Part III of this form.

1) If yes please mark yes, and enter the amount on IRS form 990 Part IX line 26 column B here and on Part 7A of this form \$_____

2) Enter the amount from IRS form 990 Part IX, line 25 column B \$_____

3) Divide line1 above by line 2 And multiply the result by 100 Enter this amount on this form Line 7b _____

PART III SALARIES OF FIVE (5) HIGHEST COMPENSATED EMPLOYEES

List the salaries, name and title of the five highest compensated employees. This information may be different from the "highest compensated employees" on IRS Form 990 Part VII. The salary reported here shall include amounts paid by the organization for pension or other employee benefits.

SIGNATURE OF AUTHORIZED OFFICER

The signature of an authorized officer is required. An authorized officer may be the president, chief executive officer or chief financial officer of the organization.