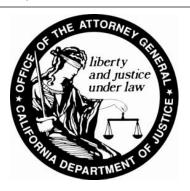
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NONPROFIT RAFFLE REPORT



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

Reports are due on or before October 1. (California Penal Code section 320.5)

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.ag.ca.gov/charities

PART A: General Organization Reporting Information					
Name of Organization:		Provide at least one of the following:			
A al al	an of Onnoninations	Raffle Registration Number:			
Addre	ss of Organization:				
City o	r Town, State and ZIP Code:	Federal Employee Identification Number (FEIN):			
E-mai	I Address:	Corporate Number:			
Telep	hone Number:	Organization Number:			
Fax N	umber:	State Charity Registration Number:			
		State Charity Registration Number:			
Part	B: Raffle Information				
1.	Raffle year ending August 31,	(Voor)			
		(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.	Were funds <i>from sources other than ticket sales</i> used to pay for administration or other costs of conducting the raffle(s)?				
	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.				
6.	Were some or all of the raffle proceeds used for	the benefit of another eligible organization?			
	6(A) If the answer to 6 above is yes, provide the used. Attach additional sheets of paper, if r	e following information for each organization for which the proceeds were necessary.			

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NONPROFIT RAFFLE REPORT

		\$			
Recipient Organization		Exact Dollar Amount of Proceeds to Recipient Organization			
Addre	ess of Recipient Organization	Contact Person for Recipient Organization			
City, S	State, and ZIP Code	Telephone Number of Recipient Organization			
Part	C: Certification by Authorized Officer or Direct	or of Reporting Organization			
For	the raffle(s) held during the year ending August 31,(\)	, I hereby certify that:			
	()	Year)	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)	A) 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)	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)	7) Tickets were not sold, traded, or redeemed over the Internet.				
the ar in Par	answer to any question in Part C, Items 1 through 7, was nswer. Use additional sheets of paper, if necessary, for it C was "False", reference the question number next to ning this Nonprofit Raffle Report, I hereby certify that all	the explanation. If the answer to more than one each explanation.	quest	tion	
- (Signature of Authorized Officer or Director Who Prepared th Report	e Date			
	Printed Name of Authorized Officer or Director	Title of Authorized Officer or Direct	tor		