

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

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Sacramento, CA 95814  
Telephone: (916) 323-5079

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<http://ag.ca.gov/charities/>

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES

2002 ANNUAL FINANCIAL REPORT

(California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.



<p>Name and Address of Commercial Fund-raiser:</p> <p style="text-align: center;">139</p> <p>TBS PRODUCTIONS 100 WEST RINCON AVE, STE 102 CAMPBELL, CA 95008-2898</p>	<p>Name and Address of Charitable Organization:</p> <p>CT No. <u>N/A</u> F.E.I.N. No. _____</p> <p><u>San Francisco Firefighters Charitable Fund</u></p> <p>Name of Charity <u>236 Taylor Blvd.</u></p> <p>Address of Charity <u>San Francisco, CA. 94030</u></p> <p>City, State, and ZIP Code of Charity</p>
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National Campaign  California Campaign

Benefit Basketball Classic held (on) (from) May 19, 20 02, to \_\_\_\_\_, 20 \_\_\_\_\_

(Type of Activity) (Date or dates must be shown)

Is the contract between the commercial fund-raiser and charity based upon a fee or percentage of revenue? (check one) Fee  Percentage   
If other, provide brief explanation \_\_\_\_\_ Other

1. REVENUE

A. Cash contributions	_____	A.
B. Entertainment sales or admission charges	<u>218457.00</u>	B.
C. Sales from products	_____	C.
D. Advertisement sales	_____	D.
E. Membership fees	_____	E.
F. Other sources: (Specify)		
a. _____	_____	Fa.
b. _____	_____	Fb.
c. _____	_____	Fc.
d. _____	_____	Fd.
G. TOTAL REVENUE	<u>218457.00</u>	G.

2. EXPENSES

A. Fees or commissions	_____	A.
B. Salaries	<u>185688.45</u>	B.
C. Payroll taxes	_____	C.
D. Employee benefits	_____	D.
E. Cost of merchandise for resale	_____	E.
F. Cost of entertainment	_____	F.
G. Postage	_____	G.
H. Advertising	_____	H.
I. Telephone	_____	I.
J. Rental of equipment	_____	J.
K. Facilities charge	_____	K.
L. Permits	_____	L.
M. Other expenses: (Specify)		
a. _____	_____	Ma.
b. _____	_____	Mb.
c. _____	_____	Mc.
d. _____	_____	Md.
N. TOTAL EXPENSES	<u>185688.45</u>	N.

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- 3. Amount to Charity 32768.55 3.
- 4. Less additional fund-raising expenses paid by charity (to be completed by charity) \_\_\_\_\_ 4.
- 5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) \_\_\_\_\_ 5.
- 6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) 32768.55 6.

7. (a) Does any officer, director, partner or owner of the Commercial Fund-raiser have any affiliation with or control over, directly or indirectly, the charitable organization for which the Commercial Fund-raiser has contracted to solicit?

Yes  No If "yes," complete the following:

Name of officer, director, partner or owner of Commercial Fund-raiser	Name and address of charitable organization	Relationship of officer, etc. To charitable organization

(b) For each affiliation identified in 7 (a), attach copy of the contract between the commercial fundraiser and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_
Michael G. Tremblay
Pres.
01/08/2003

Signature of authorized officer (Commercial Fund-raiser)
Printed Name
Title
Date

This report must be signed by two officers or directors of the charitable organization for verifying the distribution.

DANIEL V. ARMENTA
PRESIDENT
1/23/03

Printed Name
Title
Date

James Vannucci
Secretary
1/23/03

Printed Name
Title
Date

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