



COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

2000 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 (Recently enacted).

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

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

STREET ADDRESS: 1300 I Street, Room 1130, Sacramento, CA 95814, Telephone: (916) 323-5079

WEBSITE ADDRESS: http://caag.state.ca.us/charities/

Name and Address of Commercial Fundraiser:

CF Number 3101, Share Group, Inc.

Name of Commercial Fundraiser: 99 Dover Street

Address of Commercial Fundraiser: Somerville MA 02144

City, State, and ZIP Code of Commercial Fundraiser: Telemarketing held (on) (from) 1/1/2002

Name and Address of Charitable Organization or Charitable Purposes:

CT No. 738103, F.E.I.N. No. 36-3383933, The Center for Victims of Torture

Name of Charity: 2356 University Ave., Ste. 430

Address of Charity: St. Paul MN

City, State, and ZIP Code of Charity: 5/25/2002

- 1. REVENUE: A. Cash contributions, B. Entertainment sales or admission charges, C. Sales from products, D. Advertisement sales, E. Membership fees, F. Other sources: (Specify) a, b, c, d.

- A. 27,773, B., C., D., E., F., Fb., Fc., Fd.

27,773 G.

- 2. EXPENSES: A. Fees or commissions, B. Salaries, C. Payroll taxes, D. Employee benefits, E. Cost of merchandise for resale, F. Cost of entertainment, G. Postage, H. Advertising, I. Telephone, J. Rental of equipment, K. Facilities charge, L. Permits, M. Other expenses: (Specify) a, b, c, d.

- A. 19,797, B., C., D., E., F., G., H., I., J., K., L., Ma., Mb., Mc., Md.

19,797 N. 7,976 3.

3. Distribution or net to charitable organization or charitable purposes

4. (a) Is any officer, director, partner or owner of the Commercial Fundraiser in any way affiliated with or control, directly or indirectly, the charitable organization for which the Commercial Fundraiser has contracted to solicit? [X] Yes [ ] No If "yes," complete the following:

Table with 3 columns: Name of officer, director, partner or owner of Commercial Fundraiser; Name and address of charitable organization; Relationship of officer, etc. To charitable organization.

(b) For each affiliation identified in 4(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, this report is true and correct.

Signature: DENNIS McCARTHY, Title: Pres, Date: 8/12/02

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ITEMIZATION OF EXPENSES OF CHARITABLE SOLICITATION		
CENTER FOR VICTIMS OF TORTURE		CONTRACT THRU 5/25/02
Fundraising Fees	\$19,025	
Printing Costs	\$257	
Phone Match Fees	\$317	
License & Permit Expenses	\$59	
Postage Expenses	\$139	
<b>TOTAL EXPENSES</b>	<b>\$19,797</b>	

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Name and Address of Commercial Fundraiser:

CF Number 366

Share Group, Inc.

Name of Commercial Fundraiser

99 Dover Street

Address of Commercial Fundraiser

Somerville MA 02144

City, State, and ZIP Code of Commercial Fundraiser

Telemarketing

(Type of Activity)

held (on) (from) 5/26/2002

, 2000, to 12/31/2002

(Date or dates must be shown)

Name and Address of Charitable Organization or Charitable Purpose:

CT No. 738603

F.E.I.N. No. 36-3383933

The Center for Victims of Torture

Name of Charity

717 E. River Road

Address of Charity

Minneapolis MN 55455

City, State, and ZIP Code of Charity

1. REVENUE

- A. Cash contributions
- B. Entertainment sales or admission charges
- C. Sales from products
- D. Advertisement sales
- E. Membership fees
- F. Other sources: (Specify)
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_

- 31235.16 A.
- \_\_\_\_\_ B.
- \_\_\_\_\_ C.
- \_\_\_\_\_ D.
- \_\_\_\_\_ E.
- \_\_\_\_\_ Fa.
- \_\_\_\_\_ Fb.
- \_\_\_\_\_ Fc.
- \_\_\_\_\_ Fd.

G. TOTAL REVENUE

31235.16 G.

2. EXPENSES

- A. Fees or commissions
- B. Salaries
- C. Payroll taxes
- D. Employee benefits
- E. Cost of merchandise for resale
- F. Cost of entertainment
- G. Postage
- H. Advertising
- I. Telephone
- J. Rental of equipment
- K. Facilities charge
- L. Permits
- M. Other expenses: (Specify)
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_

- 19,772.95 A.
- \_\_\_\_\_ B.
- \_\_\_\_\_ C.
- \_\_\_\_\_ D.
- \_\_\_\_\_ E.
- \_\_\_\_\_ F.
- \_\_\_\_\_ G.
- \_\_\_\_\_ H.
- \_\_\_\_\_ I.
- \_\_\_\_\_ J.
- \_\_\_\_\_ K.
- \_\_\_\_\_ L.
- \_\_\_\_\_ Ma.
- \_\_\_\_\_ Mb.
- \_\_\_\_\_ Mc.
- \_\_\_\_\_ Md.

N. TOTAL EXPENSES

19,772.95 N.

3. Distribution or net to charitable organization or charitable purposes

11462.11 3.

4. (a) Is any officer, director, partner or owner of the Commercial Fundraiser in any way affiliated with or control, directly or indirectly, the charitable organization for which the Commercial Fundraiser has contracted to solicit?

Yes  No If "yes," complete the following:

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

Attach copy of the contract between the commercial fundraiser and the charity.

Underline and complete. I have reviewed this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true and correct.

Donna McCarty Pres  
Printed Name Title

Charitable organization for verifying the distribution.

Karla Weathers  
Printed Name  
Peter Drass  
Printed Name

Chief Financial Officer 1-24-03  
Title Date  
Director of Development 1-24-03  
Title Date

Attorney General's  
Registry of Charitable Trusts

FEB 03 2003

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