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

TELEPHONE: (916) 323-5079

WEBSITE ADDRESS:
http://ag.ca.gov/charities/

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES
VEHICLE DONATION PROGRAM
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.

Name and Address of Commercial Fund-raiser:	Name and Address of Charitable Organization:
513 CAR PROGRAM LLC 3755 OMEC CIRCLE # 4 RANCHO CORDOVA, CA 95742	CT No. A14314 F.E.I.N. No. 77-0551430 21 Cats. Org Name of Charity 320 LAKEVIEW WY. Address of Charity EMERALD HILLS, CA 94062 City, State, and ZIP Code of Charity

Car donations held (on) (from) 1/1 20 02, to 12/31 20 02
(Type of Activity) (Date or dates must be shown)

1.
REVENUE

A. Car/Truck Sales	857.50	A.
B. Boat Sales		B.
C. Real Estate Sales		C.
D. Other sources: (Specify)		
a.		Da.
b.		Db.
c.		Dc.
d.		Dd.
E. TOTAL REVENUE	857.50	E.

2. **EXPENSES**

A. Fees or commissions	228.45	A.
B. Salaries		B.
C. Payroll taxes		C.
D. Employee benefits		D.
E. Towing	100.00	E.
F. Vehicle repairs		F.
G. Parts		G.
H. DMV Fees		H.
I. Appraisals		I.
J. Detailing		J.
K. Advertising		K.
L. Telephone		L.
M. Other expenses: (Specify)		
a. Administration	36.00	Ma.
b.		Mb.
c.		Mc.
d.		Md.
N. TOTAL EXPENSES	364.45	N.

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3. **Distribution or net to charitable organization or charitable purposes** 533.05 3.
4. **Less additional expenses relating to operation of vehicle donation program paid by charity** 200.00 4
5. **Total Amount charity realized from operation of vehicle donation program** 333.05 5.

6. (a) **Is any officer, director, partner or owner of the Commercial Fund-raiser in any way affiliated with or control, 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 6(a), attach copy of the contract between the commercial fund-raiser 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.

Signature of authorized officer (Com mercial Fund-raiser) | Printed Name: Taron Reeves | Title: member manager | Date: 2/5/03

This [illegible] the charitable organization for verifying the distribution.

Sig[illegible]ity) | Printed Name: Michele [illegible] | Title: Founder | Date: 2/25/03

Sig[illegible]ity) | Printed Name: Michele Stalker | Title: Sec | Date: 3/5/03

ct-2VCF (11/2002)

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Attorney General's
Registry of Charitable Trusts

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