

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

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1300 I Street
Sacramento, CA 95814
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<http://ag.ca.gov/charities/>

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES
THRIFT STORE OPERATIONS

ANNUAL FINANCIAL REPORT FOR 20 03

(California Government Code Section 12599)

Failure to file annual financial report by January 30th annually for each calendar year of solicitation may result in late fees 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.

413-11



<p>Name and Address of Commercial Fundraiser:</p> <p style="text-align: center;">413</p> <p>TVI, INC. 11400 SE 6TH STREET STE 220 BELLEVUE, WA 98004</p>	<p>Name and Address of Charitable Organization:</p> <p>CT No. <u>2043</u> F.E.I.N. No. <u>95-1866066</u></p> <p><u>United Cerebral Pal. assoc. of S.D. Co.</u></p> <p>Name of charity <u>8525 Gibbs #100</u></p> <p>Address of charity <u>San Diego, CA 95123</u></p> <p>City, State, and ZIP code of charity</p>
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Retail Sales held (on) (from) Jan 5, 200 3 to Jan 3, 200 4
(Type of Activity) (Date or dates must be shown)

<p>1. REVENUE</p> <p>A. Store Sales</p> <p>B. Rag Sales</p> <p>C. Miscellaneous Income</p> <p>D. TOTAL REVENUE</p> <p>2. STORE EXPENSES:</p> <p>A. Salaries - Store Management</p> <p>B. Salaries - Employees</p> <p>C. Payroll taxes</p> <p>D. Employee benefits</p> <p>E. Truck Expense</p> <p>F. Advertising</p> <p>G. Insurance</p> <p>H. Telephone</p> <p>I. Rent</p> <p>J. Utilities</p> <p>K. Sales Tax</p> <p>L. Office Expense</p> <p>M. Depreciation</p> <p>N. Leasehold Improvements (Amortized)</p> <p>O. Solicitation and Pick Up Expense</p> <p>P. Other Expenses. (Attach a Schedule)</p> <p>Q. TOTAL EXPENSES</p>	<p><u>1740251</u> A.</p> <p><u>70428</u> B.</p> <p><u>1810679</u> C. ✓</p> <p><u>97578</u> A.</p> <p><u>433499</u> B.</p> <p><u>49771</u> C.</p> <p><u>144167</u> D.</p> <p><u>1247</u> E.</p> <p><u>16757</u> F.</p> <p><u>4623</u> G.</p> <p><u>8908</u> H.</p> <p><u>194377</u> I.</p> <p><u>27082</u> J.</p> <p><u>1519</u> K.</p> <p><u>17041</u> L.</p> <p><u>300805</u> M.</p> <p><u>7374</u> N.</p> <p><u>1296242</u> O. ✓</p>
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NOTE: BASED ON YOUR CONTRACT/AGREEMENT, PLEASE COMPLETE LINES 3 AND 4 OR LINES 5, 6, AND 7.

<p>3. COST OF GOODS PURCHASED FROM CHARITY (Distribution or net to charitable organization)</p> <p>Volume of soft goods purchased in 100 cubic feet: <u>1206</u></p>	<p><u>389776</u> 3. ✓</p> <p><u>(62447)</u> 4.</p>
<p>4. AMOUNT RETAINED BY COMMERCIAL FUNDRAISER (Line 1D minus Line 2Q minus Line 3)</p>	
<p>5. NET INCOME (lines 1D minus 2Q)</p>	
<p>6. MANAGEMENT FEES/COMMISSION TO COMMERCIAL FUNDRAISER</p> <p>A. Volume of soft goods received from charitable solicitation and pick up in 100 cubic feet: _____</p>	
<p>7. NET DISTRIBUTION TO CHARITY (Line 5 minus 6)</p>	

RECEIVED
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Registry of Charitable Trusts

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Page 2

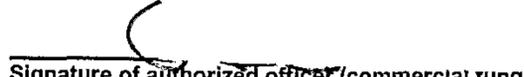
8. a. Does any officer, director, partner or owner of the commercial fundraiser have any affiliation with or control, directly or indirectly, the charitable organization for which commercial fundraiser has contracted to solicit?

Yes If "yes," complete the following: No

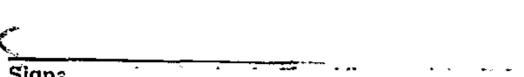
Name of officer, director, partner or owner of commercial fundraiser	Name and address of charitable organization	Relationship of officer, etc. to charitable organization

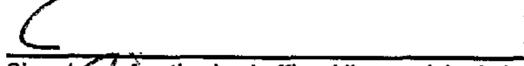
(b) For each affiliation identified in 8(a), attach copy of the contract between the commercial fundraiser and the charity.

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.


DOHN JOHNSON
COORDINATOR
3/3/04
 Signature of authorized officer (commercial fundraiser) Printed Name Title Date

Structure officers of the charitable organization for verification.


DAVID S. CARUCCI
EXECUTIVE DIRECTOR
2/26/04
 Signature Printed Name Title Date


JUANITA L. BRENTS
BOARD SECRETARY
2-26-04
 Signature of authorized officer/director (charity) Printed Name Title Date

TVI, Inc.
Store 030 - Huntington Beach
Attachment to CA Form ct-2TCF
For the Year Ended Januaray 3, 2004

Line 2P, Other Expenses:

Disposal service	30,333
Supplies	29,418
Repairs and maintenance	17,209
Floor Cleaning	11,592
Postage and delivery	1,335
Bank charges	17,858
Travel, meals, ent & relocation	2,037
Relocation	19,228
NSF Checks	1,613
Cash over/short	1,328
Uninsured loss	2,435
Software and IT expenses	
Security	1,330
Employee functions	3,526
Legal and Accounting	20,276
Non Local Used and Freight & Demurrage	
Overhead allocations	107,335
Depreciation	8,464
Training	3,351
Labels	18,071
Labels Freight	4,066
Total other expenses	<u>300,805</u>

TVI, Inc.
 Total OKs and Local Used CGS
 Store 030 - Huntington Beach
 For the Year Ended January 3, 2004

United Cerebral Palsy Assoc		# of OKs	Local Used
# of OKs	Local Used	# of OKs	Local Used
1,040	9,472.00		
1,317	12,443.50		
1,205	11,073.50		
995	9,452.50		
840	7,980.00		
560	5,048.00		
765	6,893.50		
840	7,844.00		
1,060	9,764.00		
770	6,975.00		
320	2,560.00		
700	6,514.00		
960	8,576.00		
220	1,682.00		
1,060	9,730.00		
320	2,768.00		
630	5,781.00		
565	4,925.50		
670	5,715.00		
1,025	8,847.00		
430	3,681.00		
600	5,022.00		
1,130	9,886.50		
400	3,222.00		
800	6,885.00		
565	4,486.50		
810	6,849.00		
1,180	10,620.00		
695	5,341.50		
1,400	11,655.00		
650	5,535.00		
1,600	13,518.00		
1,230	10,566.00		
10	90.00		
1,240	10,593.00		
1,275	11,191.50		
1,105	9,535.50		
675	5,854.50		
1,100	9,522.00		
660	5,688.00		
1,235	10,863.00		
(10)	(90.00)		
745	6,547.50		
540	4,734.00		
545	4,747.50		
925	8,167.50		
895	7,204.50		
335	2,668.50		
800	6,885.00		
920	7,650.00		
1,030	8,703.00		
720	6,228.00		
560	4,788.00		
1,270	11,241.00		
740	5,652.00		

	<u>44,667</u>	<u>389,776.00</u>	<u>-</u>	<u>-</u>
TOTALS			<u>44,667</u>	<u>389,776.00</u>
			44,667.00	389,776.00
United Cerebral Pa	44,667.00	* 2.7/100	1,206.01	
-	-	* 2.7/100	-	
	<u>44,667.00</u>		<u>1,206.01</u>	
		1,206		

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