

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

2003 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.

Form with two columns: 'Name and Address of Commercial Fund-raiser:' (513 CAR PROGRAM LLC, 3755 OMEC CIRCLE # 4, RANCHO CORDOVA, CA 95742) and 'Name and Address of Charitable Organization:' (CT No. 603717, F.E.I.N. No. 94-3061594, * The Parkinson's Inst., 1170 Morse Ave, Sunnyvale, CA 94089)

Car Donation held (on) (from) 1/1 20 03, to 12/31 20 03 (Type of Activity) (Date or dates must be shown)

1. REVENUE

- A. Car/Truck Sales 61706.34
B. Boat Sales
C. Real Estate Sales
D. Other sources: (Specify) a, b, c, d

E. TOTAL REVENUE

61706.34 E

2. EXPENSES

- A. Fees or commissions 11543.05
B. Salaries
C. Payroll taxes
D. Employee benefits
E. Towing 2458.50
F. Vehicle repairs
G. Parts
H. DMV Fees
I. Appraisals
J. Detailing 520.00
K. Advertising
L. Telephone
M. Other expenses: (Specify) Admin 20251.00
a, b, c, d

N. TOTAL EXPENSES

34772.55 N

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3. Distribution or net to charitable organization or charitable purposes	26933.79	3.
4. Less additional expenses relating to operation of vehicle donation program paid by charity	0	4.
5. Total Amount charity realized from operation of vehicle donation program	26933.79	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
PAT ALLEN	PARKINSON'S INSTITUTE	BOARD OF DIRECTORS
JIM GREER	PARKINSON'S INSTITUTE	CFO
	1170 MORSE AVE SUNNYVALE CA 94089	

(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 (Commercial fund-raiser): Tam Reaves member manager Title: member manager Date: 3-8-04

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

Signature of authorized officer/director (Charity): PAT ALLEN Title: DIRECTOR Date: 3/2/04
JIM GREER Title: CFO Date: 3/2/04

Signature of authorized officer/director (Charity):
 ct-2VCF (11/2002)

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 Agency of Charitable Trusts
 Registry of Charitable Trusts