

STATE OF CALIFORNIA
OFFICE OF THE ATTORNEY GENERAL
REGISTRY OF CHARITABLE TRUSTS
P.O. Box 903447
Sacramento, CA 94203-4470

ANNUAL FINANCIAL REPORT
Vehicle Donation Program
COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES
(Calif. Government Code Sec. 12599) for Calendar Year Ending December 31, 2003

Name and Address of Commercial Fundraiser:
CF No. 636

CHARITIES AUTOMOBILE RECYCLING ENTERPRISES, LLC
1301 EAST ORANGEWOOD AVENUE
ANAHEIM, CALIFORNIA 92805

Name and Address of Charitable Organization or
Charitable Purposes: CF No. 95-1661669

American Lung Association of Orange County
1570 East 17th Street Suite C
Santa Ana, Ca 92705

LT # 2842

CAR DONATION PROGRAM held(on)(from) **JANUARY 1, 2003** to **DECEMBER 31, 2003**

1. REVENUE

A. Car/Truck Sales	<u>\$127,733</u>	A.
B. Boat Sales	_____	B.
C. Real Estate Sales	_____	C.
D. Other Sources (Specify)	_____	D.
a. _____	_____	Da.
b. _____	_____	Db.
c. _____	_____	Dc.
d. _____	_____	Dd.
E. TOTAL REVENUE	<u>\$127,733</u>	E.

2. EXPENSES

A. Fees or commissions	_____	A.
B. Salaries	_____	B.
C. Payroll taxes	_____	C.
D. Employee benefits	_____	D.
E. Towing	<u>\$6,405</u>	E.
F. Vehicle Repairs	<u>\$844</u>	F.
G. Parts	_____	G.
H. DMV Fees	_____	H.
I. Appraisals	_____	I.
J. Detailing	_____	J.
K. Advertising	<u>\$45,264</u>	K.
L. Telephone	_____	L.
M. Other expenses: (Specify)		
a. Allocated Costs (labor, rent, etc.)	<u>\$38,802</u>	Ma.
b. Misc.	<u>\$57</u>	Mb.
c. Advances repaid to owner	<u>\$4,951</u>	Mc.
d. _____	_____	Md.
N. TOTAL EXPENSES	<u>\$96,323</u>	N.

3. Distribution or net to charitable organization or charitable purposes.	<u>\$31,410</u>	3.
4. Less additional expenses relating to operation of vehicle donation program paid by charity.	_____	4.
5. Total amount charity realized from operation of vehicle donation program.	<u>\$31,410</u>	5.

6. (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 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 Charitable Organization	Relationship of officer, etc. to Charitable Organization

(b) For each affiliation identified under 4 (a), attach copy of contract between commercial fundraiser and 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.

<u>X</u>	Glenn C. McElroy	Managing Member	1/27/04
Signature of authorized officer (Commercial fundraiser)	Printed Name	Title	Date

<u>TE</u>	Glenn MANDALON	Executive Director	2/19/04
Signature of authorized officer/director (Charity)	Printed Name	Title	Date

<u>Robyn F. CHERRY</u>	Robyn F. CHERRY	President	2/19/04
Signature of authorized officer/director (Charity)	Printed Name	Title	Date

RECEIVED
MAR 11 2004
A. J. JONES
Registry of Children's Issues