

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

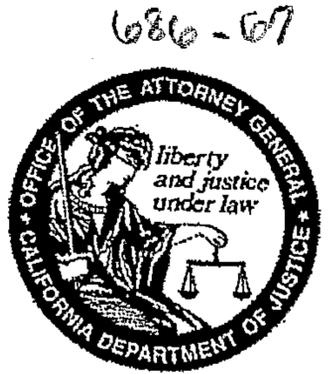
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
Telephone: 323-5079

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

**COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES  
VEHICLE DONATION PROGRAM  
ANNUAL FINANCIAL REPORT FOR 20 03**  
(California Government Code Section 12599)

Failure to file annual financial report by January 30<sup>th</sup> 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.



<p>Name and Address of Commercial Fundraiser:</p> <p align="center">686</p> <p align="center"><b>VEHICLE DONATION PROCESSING CENTER, INC.</b> 626 SOUTH PRIMROSE AVENUE MONROVIA, CA 91016</p>	<p>Name and Address of Charitable Organization:</p> <p>CT No. <u>1000674</u> F.E.I.N. <u>58-0914436</u></p> <p>American Council of the Blind</p> <hr/> <p>Name of charity 1155 15th St NW # 104</p> <hr/> <p>Address of charity Washington, DC 20005</p> <hr/> <p>City, State, and ZIP code of charity</p>
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Figures from (check one): National Campaign  California Campaign

Vehicle Donations held (on) (from) January 1 20 03, to December 31 20 03  
(Type of Activity) (Date or dates must be shown)

**1. REVENUE**

A. Car/Truck Sales	\$1,788				
B. Boat Sales	<u>Included in A</u>				
C. Real Estate Sales	<u>Included in A</u>				
D. Other sources: (Specify)					
a. _____					Da.
b. _____					Db.
c. _____					Dc.
d. _____					Dd.
E. TOTAL REVENUE				\$1,788	E.

**2. EXPENSES**

A. Fees or commissions paid by commercial fundraiser	\$32				
B. Salaries	\$481				
C. Payroll taxes	<u>Included in B</u>				
D. Employee benefits	<u>Included in B</u>				
E. Towing	\$52				
F. Vehicle repairs	\$3				
G. Parts	\$1				
H. DMV Fees	\$23				
I. Appraisals	\$37				
J. Detailing	\$34				
K. Advertising	\$13				
L. Telephone	\$42				
M. Other expenses: (Specify)					
a. <u>Insurance</u>	\$13				Ma.
b. <u>Office Expenses &amp; Supplies</u>	\$128				Mb.
c. <u>Rent</u>	\$26				Mc.
d. _____					Md.
N. TOTAL EXPENSES				\$886	N.

