109-14

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: (916) 323-5679

WEB SITE ADDRESS:
http://ag.ca.gov/charities/

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES

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: #109	Name and Address of Charitable Organization:
The Heritage Company, Inc.	CT No. 31411 F.E.I.N. No.
2402 Wildwood Avenue, Suite 500	*Veterans of Foreign Wars, Department of California* (Name of Charity)
Sherwood, AR 72120	*1510 "J" Street, Suite 110* (Address of Charity)
	Sacramento, CA 95814 (City, State, and ZIP Code of Charity)

Figures from (check one): National Campaign ☐ California Campaign ☒

Telemarketing held (on) (from) *1/1/04*, 20____, to *5/31/04*, 20____.
(Type of Activity) (Date or dates must be shown)

Is the contract between the commercial fund-raiser and charity based upon a fee or percentage of revenue? (check one) Fee ☐ Percentage ☐ Other ☒
If other, provide brief explanation cash guarantee us $

1. REVENUE
   - A. Cash contributions ____ A.
   - B. Entertainment sales or admission charges ____ B.
   - C. Sales from products ____ C.
   - D. Advertisement sales ____ D.
   - E. Membership fees ____ E.
   - F. Other sources: (Specify)
     - a. ____ ____ Fa.
     - b. ____ ____ Fb.
     - c. ____ ____ Fc.
     - d. ____ ____ Fd.
   - G. TOTAL REVENUE *$70,484.00* G.

2. EXPENSES *See attached itemization*
   - A. Fees or commissions ____ A.
   - B. Salaries ____ B.
   - C. Payroll taxes ____ C.
   - D. Employee benefits ____ D.
   - E. Cost of merchandise for resale ____ E.
   - F. Cost of entertainment ____ F.
   - G. Postage ____ G.
   - H. Advertising ____ H.
   - I. Telephone ____ I.
   - J. Rental of equipment ____ J.
   - K. Facilities charge ____ K.
   - L. Permits ____ L.
   - M. Other expenses: (Specify)
     - a. ____ ____ Ma.
     - b. ____ ____ Mb.
     - c. ____ ____ Mc.
     - d. ____ ____ Md.
   - N. TOTAL EXPENSES *$56,399.20* N.

8/4/04

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3. Amount to Charity (subtract line 2N from line 1G) $14,084.80 3.

4. Less additional fund-raising expenses paid by charity (to be completed by charity) 0 4.

5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) 0 5.

6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) $14,084.80 6. ✓

7. (a) Does any officer, director, partner or owner of the Commercial Fund-raiser have any affiliation with or control over, directly or indirectly, the charitable organization for which the Commercial Fund-raiser has contracted to solicit?

[ ] Yes [X] 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 7 (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.

Signature of authorized officer/(Commercial Fund-raiser)	Printed Name	Title	Date
	Glenda Keenihan	Secretary/Treasurer	6/25/04

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

Signature of authorized officer/director (Charity)	Printed Name	Title	Date
	Everett L. Martin	State Commander	
Signature of authorized officer/director (Charity)	Printed Name	Title	Date
	John G. Lowe	State Adjutant/Quartermaster	7/7/04