

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

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES

2004 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

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
Telephone: (916) 323-5079

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

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: CF 366 SHARE GROUP, INC. 99 Dover St. Somerville, MA 02144 | Name and Address of Charitable Organization: CT No. 83571 F.E.I.N. No. AMERICAN FOUNDATION FOR AIDS RESEARCH Name of Charity 120 Wall St., 13th Fl Address of Charity New York NY 10005 City, State, and ZIP Code of Charity |
|--|--|

Figures from (check one): National Campaign California Campaign

Telemarketing
(Type of Activity)

held (on) (from) 10/16/2004, 20_____, to 12/31/2004, 20_____
(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)
If other, provide brief explanation _____ Fee Percentage
Other

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 _____ 49,208 ✓

2. EXPENSES

- 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 _____ n/a _____ N.

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- 3. Amount to Charity (subtract line 2N from line 1G) 49,208 3.
- 4. Less additional fund-raising expenses paid by charity (to be completed by charity) \$29040 4.
- 5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) _____ 5.
- 6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) 20168 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 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) Christopher Canniff Treasurer & CFO 1/28/05
 Printed Name Title Date

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

 Signature of authorized officer/director (Charity) Scott Newman CFO and VP Finance and Admin. 1/21/05
 Printed Name Title Date

 Signature of authorized officer/director (Charity) John Logan Asst Secretary 1/24/05
 Printed Name Title Date