

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) 323-5079

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

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

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.

300-49

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. ⁶²⁸¹² 12066+0 F.E.I.N. No NATIONAL OSTEOPOROSIS FOUNDATION Name of Charity 1232 22nd Street, NW Address of Charity Washington DC 20037 City, State, and ZIP Code of Charity
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Figures from (check one): National Campaign California Campaign

Telemarketing (Type of Activity) held (on) (from) 10/26/2004, 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	\$2960	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	\$2960	G. ✓

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.

