

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

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

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

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

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. 016880 F.E.I.N. No. NATIONAL WILDLIFE FEDERATION Name of Charity 11100 Wildlife Center Drive Address of Charity Reston VA 20190-5362 City, State, and ZIP Code of Charity
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Figures from (check one): National Campaign California Campaign

Telemarketing held (on) (from) 10/7/2004, 20, to 12/31/2004, 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)
If other, provide brief explanation _____ Fee Percentage
Other

1. REVENUE

- A. Cash contributions \$114049 - \$146,859 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 \$114049 - 146,859 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.

