

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

300-63

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://aq.ca.gov/charities/>

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 Fund-raiser:</p> <p>CF 366</p> <p>SHARE GROUP, INC.</p> <p>99 Dover St.</p> <p>Somerville, MA 02144</p>	<p>Name and Address of Charitable Organization:</p> <p>CT No. 112482 F.E.I.N. No.</p> <p>SOUTHERN POVERTY LAW CENTER</p> <p>Name of Charity</p> <p>400 Washington Avenue</p> <p>Address of Charity</p> <p>Montgomery AL 36104</p> <p>City, State, and ZIP Code of Charity</p>
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Figures from (check one):

National Campaign California Campaign

Telemarketing

(Type of Activity)

held (on) (from) 9/13/2004, 2004, to 12/31/2004, 2004.

(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

If other, provide brief explanation _____

Other

1. REVENUE

- A. Cash contributions \$236,797 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

\$236,797 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.

