

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

**STATE OF CALIFORNIA
OFFICE OF THE ATTORNEY GENERAL
REGISTRY OF CHARITABLE TRUSTS
ANNUAL FINANCIAL SOLICITATION REPORT
INSTRUCTIONS Form CT-694**



WEB SITE ADDRESS:
www.oag.ca.gov/charities/

WHEN TO FILE

Form CT-694 is due at the same time as the Attorney General's Registry of Charitable Trusts form RRF-1, which is no later than four months and fifteen days after the end of the organization's accounting period (e.g., May 15 for calendar year filers).

WHO NEEDS TO FILE

Line 1: If more than \$1 million was collected in charitable contributions from donors in California check yes and continue to question #2. If less than \$1 million was raised from California donors check "No" and you are not required to file this form with the Registry.

Line 2: Do the funds collected from California donors represent more than 50% of the annual income. If the answer is yes, mark "Yes" and continue. If the answer is no, mark "No" and you are not required to file this form with the Registry.

PART 1 STATEMENT OF REVENUE

This Part represents all funds raised for your organization.

Line A: Please enter the total revenue as reported on the IRS Form 990 Part VIII, line 12, column A.

Line B: Please complete the following worksheet:

1. Cost or other basis and sales expenses related to sales revenue as reported on the IRS Form 990 Part VIII, line 7b. \$ _____
2. Direct expenses from fundraising events as reported on the IRS Form 990 Part VIII, line 8b. \$ _____
3. Direct expenses from gaming activities as reported on the IRS Form 990 Part VIII, line 9b. \$ _____
4. Cost of goods sold from sales of Inventory as reported on the IRS Form 990 Part VIII, line 10b. \$ _____
5. Add lines 1-4 above and enter on Form CT-694 Part 1, line B. \$ _____

Line C: Gross Revenue. Add lines A and B from Form CT-694.

PART II STATEMENT OF FUNCTIONAL EXPENSES

Salary Expenses

Line 1 Column A: Total Program Salaries

Please complete the following worksheet:

1. Program compensation of current officers, directors, trustees, and key employees as reported on IRS Form 990 Part IX, line 5, column B. \$ _____
2. Program compensation not included in Line 1 above, to disqualified persons as reported on the IRS Form 990 Part IX, line 6, column B. \$ _____
3. Other program salary and wages as reported on the IRS Form 990 Part IX, line 7, column B. \$ _____
4. Program pension plan accruals and contributions as reported on IRS Form 990 Part IX, line 8, column B. \$ _____
5. Other program employee benefits as reported on IRS Form 990 Part IX, line 9, column B. \$ _____
6. Total (add above lines 1-5) This is total Program salaries. Enter this amount on Form CT-694 Part II, line 1, Column A. \$ _____

Line 1 Column B: % of Revenue

Divide program salaries as reported on Form CT-694 Part II, line 1, column A, by gross revenue reported on Part 1, line C. Multiply this result by 100 and enter on Part II, line 1, column B.

Line 1 Column C: Non-Program Salaries

Please complete the following worksheet:

1. Non-program compensation of current officers, directors, trustees, and key employees as reported on IRS Form 990 Part IX, line 5, columns C and D. \$ _____
2. Non-program compensation not included in Line 1 above, to disqualified persons as reported on the IRS Form 990 Part IX, line 6 columns C and D. \$ _____
3. Other non-program salary and wages as reported on the IRS Form 990 Part IX, line 7 columns C and D. \$ _____
4. Non-program pension plan accruals and contributions as reported on IRS Form 990 Part IX, line 8, columns C and D. \$ _____
5. Other non-program employee benefits as reported on IRS Form 990 Part IX, line 9, columns C and D. \$ _____
6. Total (add above lines 1-5) This is total non- program salaries. Enter this amount on Form CT-694 line 1, column C. \$ _____

Line 1 Column D: % of Non-Program

Divide non-program salaries as reported on Form CT-694 Part II, line 1, column C by gross revenue reported on Part 1 line C. Multiply this result by 100 and enter on Part II, line 1, column D.

Fundraising Expenses

Line 2 Column C: Non-Program

1. Enter total amount of fundraising expenses as reported on IRS Form 990 Part IX, line 25, column D. \$ _____

2. Enter fundraising expenses from events as reported on IRS Form 990 Part VIII, line 8 b. \$ _____

3. Total lines 1 and 2 above and enter on Form CT-694 Part II, line 2, column C. \$ _____

Line 2 Column D: % of Non-Program

Divide fundraising expenses as reported on Form CT-694 Part II, line 2, column C by gross revenue reported on Part 1, line C. Multiply this result by 100 and enter on Part II, line 2, column D.

Travel Expenses

Line 3 Column A: Program

Enter the amount of program travel expenses from IRS Form 990 Part IX, line 17, column B.

Line 3 Column B: % of Revenue

Divide program travel expenses as reported on Form CT-694 Part II, line 3, column A by gross revenue reported on Part 1, line C. Multiply this result by 100 and enter on Form CT-694 Part II, line 3, column B.

Line 3 Column C: Non Program

Enter the non-program travel expense amounts from IRS Form 990 Part IX, line 17, columns C and D.

Line 3 Column D: % of Non-Program

Divide non-travel expenses as reported on Form CT-694 Part II, line 3, column C by gross revenue reported on Part 1, line C. Multiply this result by 100 and enter on Part II, line 3, column D.

Overhead & General Expenses

Line 4 Column C: Non-Program

Enter the amount from IRS Form 990 Part IX, line 25, column C.

Line 4 Column D: % of Non-Program

Divide overhead and general expenses as reported on Part II, line 4, column C by gross revenue reported on Form CT-694 Part 1, line C. Multiply this result by 100 and enter on Part II, line 4, column D

Program Expenses

Line 5 Column A: Program

Enter the amount from the IRS Form 990 Part IX, line 25, column B.

Line 5 Column B: % of Revenue

Divide program expenses as reported on Form CT-694, Part II, line 5, column A by gross revenue reported on Part 1, line C. Multiply this result by 100 and enter on Part II, line 5, column B.

Total Non-Program Expenses

Line 6 Column C: Non-Program

Combine the amounts from Form CT-694, Part II, line 2, column C and line 4, column C.

Line 6 Column D: % of Non-Program

Divide total non-program expenses as reported on Part II, line 6, column C by gross revenue reported on Part 1, line C. Multiply this result by 100 and enter on Part II, line 6, column D.

If the result is less than 25%, you are not required to submit this form.

Line 7 Joint Cost Allocation:

Did the organization mark yes on the IRS form 990 Part IX Line 26? If no then mark no and move on to Part III of this form.

1) If yes please mark yes, and enter the amount on IRS form 990 Part IX line 26 column B here and on Part 7A of this form \$_____

2) Enter the amount from IRS form 990 Part IX, line 25 column B \$_____

3) Divide line1 above by line 2 And multiply the result by 100 Enter this amount on this form Line 7b _____

PART III SALARIES OF FIVE (5) HIGHEST COMPENSATED EMPLOYEES

List the salaries, name and title of the five highest compensated employees. This information may be different from the "highest compensated employees" on IRS Form 990 Part VII. The salary reported here shall include amounts paid by the organization for pension or other employee benefits.

SIGNATURE OF AUTHORIZED OFFICER

The signature of an authorized officer is required. An authorized officer may be the president, chief executive officer or chief financial officer of the organization.