NONPROFIT RAFFLE REPORT



A separate report must be completed for each raffle conducted during a reporting year (September 1 through August 31).

Reports are due on or before September 1. (California Penal Code section 320.5)

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) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

Part A: General Organization Reporting Information							
Name of Organization		Provide at least one of the following:					
Address of Organization		Raffle Registration Number:					
City or Town, State and ZIP Code		Federal Tax Identification Number/Employer Identification Number:					
E-mail Address:		Corporate Number:					
Telephone Number:		Organization Number:					
Fax Number:		Charitable Trust Number:					
Part B: Raffle Information (A separate report must be completed for each raffle held during this reporting year.)							
1.	Date of raffle:						
	Location of raffle:						
	City	County					
2.	Total funds received from sale of raffle tickets: \$						
3.	Total expenses for conducting the raffle: \$						
4.	Were funds from sources other than ticket sales used to pay for administration or other costs of conducting the raffle?			No			
	If yes,						
	4(A) How much money from sources other than ticket sales was spent for the administration or other costs of conducting the raffle?						
	4(B) What was the source of this money?						

5.	Were some or all of the funds used for the benefit of another eligible organization?			No	
5(A)	5(A) If the answer to 5 above is yes, then provide the following information for each organization for which the funds were used. Attach additional sheets of paper, if necessary.				
Rec	ipient Organization	Amount of Proceeds to Organization			
Address of Organization Contact Person for Organization					
Auc	iless of organization	Contact 1 croom for organization			
City	, State, and ZIP Code	Organization's Telephone Number			
Part	C: Certification by Fiduciary of Reporting Or	ganization			
Fo	or the raffle held on	, I hereby certify that:	True	False	
1)	At least 90% of the total funds received from the sale of raffle tickets was used for the beneficial or charitable purposes of the eligible organization conducting the raffle or for the benefit of another eligible organization.				
2)	None of the funds required to be used for beneficial or charitable purposes were provided to an officer, director or member (as defined by Corporations Code section 5056) of the organization which conducted the raffle.				
3)	No person involved in or connected with the conduct of the raffle was compensated by the organization conducting the raffle from raffle proceeds required to be used for beneficial or charitable purposes.				
4)	No gaming machine, apparatus or device, including but not limited to one which meets the definition of a slot machine as contained California Penal Code sections 330a, 330b, or 330.1, was used in conducting the raffle.				
5)	No individual corporation, partnership or other legal entity has or holds a financial interest in the conduct of the raffle other than the organization conducting the raffle or any private, nonprofit eligible organization which received funds from the raffle.				
6)	No raffle was conducted, and no raffle tickets were sold, traded, or redeemed, within an operating racetrack enclosure, satellite wagering facility, or gambling establishment.				
7)	The raffle was not announced, mentioned, referred to, advertised, operated, or conducted in any way over the Internet other than an announcement of the raffle on the web site of the organization conducting the raffle. Tickets were not sold, traded or redeemed over the Internet.				
your a one q	answered "False" to any question in Part C, Items 1 thanswer. Use additional sheets of paper, if necessary, uestion, be sure to reference the item number next to ning this Nonprofit Raffle Report I hereby certify that a	for your explanation. If you answered "Fal each explanation.	se" to moi	re than	
	Signature of Fiduciary Who Prepared the Report	Date			
_	Printed Name of Fiduciary	Title of Fiduciary			
	i inited Name Of Fludulary	rius or riuuciary			