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

## 2003 2002 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.**

Name and Address of Commercial Fund-raiser: 485

MDS COMMUNICATIONS CORPORATION

545 W. Juanita Avenue

Mesa AZ 85210

Name and Address of Charitable Organization:

CT No. — F.E.I.N. No. 13-5602319

Catholic Medical Mission Board, Inc.
Name of Charity

10 W. 17th Street
Address of Charity

New York NY 10011
City, State, and ZIP Code of Charity

Figures from (check one): National Campaign ☑ California Campaign ☐

Telemarketing held (on) (from) 1/1/2003, 20____, to 6/7/2003, 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) Fee ☑ Percentage ☐ Other ☐
If other, provide brief explanation _____

| | | |
|---|---|---|
| **1. REVENUE** | | |
| A. Cash contributions | 47,725 | 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 | | 47,725 G. |
| **2. EXPENSES** | | |
| A. Fees or commissions | 40,747.62 | 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 APPENDS | 1682.31 | I. |
| J. Rental of equipment | | J. |
| K. Facilities charge | | K. |
| L. Permits | | L. |
| M. Other expenses: (Specify) | | |
| a. LIST RENTAL | 8271.83 | Ma. |
| b. | | Mb. |
| c. | | Mc. |
| d. | | Md. |
| N. TOTAL EXPENSES | | 50,701.76 N. |



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3. Amount to Charity (subtract line 2N from line 1G) <2,976.76> 3.

4. Less additional fund-raising expenses paid by charity **(to be completed by charity)** 4.

5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) 5.

6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) <2,976.76> 6.

7. (a) Does any officer, director, partner or owner of the Commercial Fund-raiser have any affiliation with or control over, directly or indirectly, the charitable organization for which the Commercial Fund-raiser has contracted to solicit?

[ ] Yes [X] No If "yes," complete the following:

| Name of officer, director, partner or owner of Commercial Fund-raiser | Name and address of charitable organization | Relationship of officer, etc. To charitable organization |
|---|---|---|
| | | |
| | | |
| | | |

(b) For each affiliation identified in 7 (a), attach copy of the contract between the commercial fundraiser and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

| Signature of authorized officer (Commercial Fund-raiser) | Printed Name | Title | Date |
|---|---|---|---|
| | Larry Larsen | CFO | 8/15/03 |

This report must be signed by two officers or directors of the charitable organization for verifying the distribution.

| Signature of authorized officer/director (Charity) | Printed Name | Title | Date |
|---|---|---|---|
| | John F. Galbraith | President | 8/25/03 |
| Signature of authorized officer/director (Charity) | Steve W. Rossi | Director of Finance | 8/25/03 |



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