

MAIL TO:  
Office of the Attorney General  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

2000 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 (Recently enacted).

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, Room 1130  
Sacramento, CA 95814  
Telephone: (916) 323-5079

WEBSITE ADDRESS:  
<http://caag.state.ca.us/charities/>

Name and Address of Commercial Fundraiser:

CF Number 485  
MDS COMMUNICATIONS CORPORATION  
Name of Commercial Fundraiser  
545 W. Juanita Avenue  
Address of Commercial Fundraiser  
Mesa AZ 85210  
City, State, and ZIP Code of Commercial Fundraiser

Name and Address of Charitable Organization or Charitable Purposes:

CT No. 33024 F.E.I.N. No. 23-551621103  
American Leprosy Missions  
Name of Charity  
1 ALM Way  
Address of Charity  
Greenville SC 29601  
City, State, and ZIP Code of Charity

Telemarketing held (on) (from) 1/1/2002, 200, to 10/13/2002, 200  
(Type of Activity) (Date or dates must be shown)

1. REVENUE  
A. Cash contributions  
B. Entertainment sales or admission charges  
C. Sales from products  
D. Advertisement sales  
E. Membership fees  
F. Other sources: (Specify)  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_  
G. TOTAL REVENUE

- A. 21589  
B. \_\_\_\_\_  
C. \_\_\_\_\_  
D. \_\_\_\_\_  
E. \_\_\_\_\_  
F. \_\_\_\_\_  
Fb. \_\_\_\_\_  
Fc. \_\_\_\_\_  
Fd. \_\_\_\_\_  
G. 21589

2. EXPENSES  
A. Fees or commissions  
B. Salaries  
C. Payroll taxes  
D. Employee benefits  
E. Cost of merchandise for resale  
F. Cost of entertainment  
G. Postage  
H. Advertising  
I. Telephone APPENDS  
J. Rental of equipment  
K. Facilities charge  
L. Permits  
M. Other expenses: (Specify)  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_  
N. TOTAL EXPENSES

- A. 12212  
B. \_\_\_\_\_  
C. \_\_\_\_\_  
D. \_\_\_\_\_  
E. \_\_\_\_\_  
F. \_\_\_\_\_  
G. \_\_\_\_\_  
H. \_\_\_\_\_  
I. 33  
J. \_\_\_\_\_  
K. \_\_\_\_\_  
L. \_\_\_\_\_  
Ma. \_\_\_\_\_  
Mb. \_\_\_\_\_  
Mc. \_\_\_\_\_  
Md. \_\_\_\_\_  
N. 12245  
9344

3. Distribution or net to charitable organization or charitable purposes

4. (a) Is any officer, director, partner or owner of the Commercial Fundraiser in any way affiliated with or control, directly or indirectly, the charitable organization for which the Commercial Fundraiser has contracted to solicit?

Yes  No If "yes," complete the following:

Name of officer, director, partner or owner of Commercial Fundraiser	Name and address of charitable organization	Relationship of officer, etc. To charitable organization

(b) For each affiliation identified in 4(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, the information is true and correct and I am not aware of any information that would cause this report to be incomplete or misleading.

Signature of officer, director, partner or owner of Commercial Fundraiser: Jonathan D. Mount, President Date: 5/1/03  
Signature of officer, director, partner or owner of Charitable Organization: James R. Lyon, Sr. Title: CFO Date: 11/20/2002  
Signature of officer, director, partner or owner of Charitable Organization: Beverly H. Elmore Title: Accounting Mgr. Date: 11/13/02

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Attorney General's  
Registry of Charitable Trusts

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Sacramento, CA 94203-4470

**COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES**

**2002  
2000 ANNUAL FINANCIAL REPORT**

(California Government Code Section 12599)



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MDS COMMUNICATIONS CORPORATION  
Name of Commercial Fundraiser  
545 W. Juanita Avenue  
Address of Commercial Fundraiser  
Mesa AZ 85210  
City, State, and ZIP Code of Commercial Fundraiser

Name and Address of Charitable Organization or Charitable Purposes:

CT No. 33024 F.E.I.N. No. 23-5512163  
American Leprosy Missions  
Name of Charity  
1 ALM Way  
Address of Charity  
Greenville SC 29601  
City, State, and ZIP Code of Charity

Telemarketing held (on) (from) 10/13/2002, 2002, to 12/31/2002, 2002  
(Type of Activity) (Date or dates must be shown)

1. REVENUE  
A. Cash contributions 25723 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) \_\_\_\_\_ Fa.  
a. \_\_\_\_\_ Fb.  
b. \_\_\_\_\_ Fc.  
c. \_\_\_\_\_ Fd.  
d. \_\_\_\_\_  
G. TOTAL REVENUE 25723 G.

2. EXPENSES  
A. Fees or commissions 12565 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) \_\_\_\_\_ Ma.  
a. \_\_\_\_\_ Mb.  
b. \_\_\_\_\_ Mc.  
c. \_\_\_\_\_ Md.  
d. \_\_\_\_\_  
N. TOTAL EXPENSES 12565 N.

3. Distribution or net to charitable organization or charitable purposes 13158 3.

4. (a) Is any officer, director, partner or owner of the Commercial Fundraiser in any way affiliated with or control, directly or indirectly, the charitable organization for which the Commercial Fundraiser has contracted to solicit?  
 Yes  No If "yes," complete the following:

Name of officer, director, partner or owner of Commercial Fundraiser	Name and address of charitable organization	Relationship of officer, etc. To charitable organization

(b) For each affiliation identified in 4(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, the report is true and complete.  
**Jonathan D. Mount, President** 5/1/03

(User) Printed Name Title Date  
charitable organization for verifying the distribution.  
James R. Lyon Sr. CFO 1/29/03  
Printed Name Title Date  
Beverly H. Elmore Accounting Manager 1/29/03

Attorney General's  
Registry of Charitable Trusts

FEB 14 2003

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