

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

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

²⁰⁰²
~~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
Telemarketing held (on) (from) 1/1/2002, 200 , to 1/1/2003, 200
(Type of Activity)

Name and Address of Charitable Organization or Charitable Purposes:
CT No. 110196 F.E.I.N. No. 36-2222193
Pioneer Clubs
Name of Charity
27 W. 130 St. Charles Road
Address of Charity
Carol Stream IL 60188
City, State, and ZIP Code of Charity
1/1/2003
(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

13559 A.
____ B.
____ C.
____ D.
____ E.
____ Fa.
____ Fb.
____ Fc.
____ Fd.
13559 G.

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
J. Rental of equipment
K. Facilities charge
L. Permits
M. Other expenses: (Specify)
a. _____
b. _____
c. _____
d. _____
N. TOTAL EXPENSES

10411 A.
____ B.
____ C.
____ D.
____ E.
____ F.
____ G.
____ H.
____ I.
____ J.
____ K.
____ L.
____ Ma.
____ Mb.
____ Mc.
____ Md.
10411 N.

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, direct 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 complete.

Signature: _____ Printed Name: Jonathan D. Mount, President Title: _____ Date: 5/1/03
Signature: _____ Printed Name: Judith C Bryson Title: President Date: _____
Signature: _____ Printed Name: Sandi Van der Kooi Title: VP of Finance Date: _____

Attorney General's
Registry of Charitable Trusts

FEB 1 0 2003

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