

STATE OF CALIFORNIA
OFFICE OF THE ATTORNEY GENERAL
REGISTRY OF CHARITABLE TRUSTS
P. O. Box 903447
Sacramento, CA 94203-4470

ANNUAL FINANCIAL REPORT

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

(Calif. Government Code Sec. 12599) for Calendar Year Ending December 31, 2002

Name and Address of Commercial Fundraiser:
CF No. 535
The OUtreach Center, Inc.
5601 Hobart Street
Pittsburgh, PA 15217
Telemarketing held (on)(from) 10/1, 19 2001, to 9/30, 19 2002
(Kind of Activity) (Date or Dates must be shown)

Name and Address of Charitable Organization or Charitable Purposes: CT No. 42154
KTEH Foundation 94-285397D
1585 Schallenbeger Rd.
San Jose, CA 95131-2434

1. REVENUE

- A. Cash Contributions 385,844 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 385,844 G.

2. EXPENSES:

- A. Fees or commissions 125,107 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)
 - a Ma.
 - b Mb.
 - c Mc.
 - d Md.

N. TOTAL EXPENSES 125,107 N.

3. Distribution or net to charitable organization or charitable purposes 260,737 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 Commercial Fundraiser has contracted to solicit? [] Yes [X] No If "yes", complete the following:

Name of officer, director, partner or owner of Commercial Fundraiser	Name and Address Charitable Organization	Relationship of officer, etc. to Charitable Organization
NA		

(b) For each affiliation identified under 4(a), attach copy of contract between commercial fundraiser and 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 _____ Jay P. Fairbrother, President 2/13/03
Printed Name Title Date

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

Signature _____ Judy Armstrong Chief Development Officer
Printed Name Title Date 2/11/03

Signature _____ T. MAGBITANG Chief Financial Officer
Printed Name Title Date 2/13/03

Attorney General's
Registry of Charitable Trusts

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