

**Sea to Sky Foundation
Directors
(2003-2012)**

**Provided by the
Canada Revenue Agency**

**Compiled by Vivian Krause
October 8, 2020
@FairQuestions**

Sea to Sky Foundation

	2003	2004	2005		2006	2007	2008	2009	2010	2011	2012
David Strangway	X	X	X	X	X	X	X				
Peter Ufford	X	X	X	X	X	X	X	X	X	X	X
Blake Bromley	X										
Robert Lee		X	X	X	X	X	X	X	X	X	X
Ross Smith		X	X	X	X	X	X	X	X	X	X
Anne Lawlor							X	X	X	X	X
Terry Parfington									X	X	X
Source: Compiled from tax returns filed by Sea To Sky Foundation.											
@FairQuestions											

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Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like official and their date of birth, home address (including street number, street name, city, province or territory and postal code), position in the charity, telephone number, and whether or not they are at arm's length from other members of the charity's Board of Directors/Trustees. Only the person's name, position in the charity, and their arm's length status will be made public. All other information will be kept confidential. See the guide for an explanation of the term arm's length.

Form entry for David Strangway: Last name: STRANGWAY, First name: DAVID, Initial: [], Date of birth: []

Form entry for Peter Dufford: Last name: DUFFORD, First name: PETER, Initial: [], Date of birth: []

Form entry for Blake Bromley: Last name: BROMLEY, First name: BLAKE, Initial: [], Date of birth: []

Form entry for [Redacted]: Last name: [], First name: [], Initial: [], Date of birth: []

Form entry for [Redacted]: Last name: [], First name: [], Initial: [], Date of birth: []

Form entry for [Redacted]: Last name: [], First name: [], Initial: [], Date of birth: []

Form entry for [Redacted]: Last name: [], First name: [], Initial: [], Date of birth: []

Form entry for [Redacted]: Last name: [], First name: [], Initial: [], Date of birth: []

Form entry for [Redacted]: Last name: [], First name: [], Initial: [], Date of birth: []

Form entry for [Redacted]: Last name: [], First name: [], Initial: [], Date of birth: []

Form entry for [Redacted]: Last name: [], First name: [], Initial: [], Date of birth: []

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Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like official and their date of birth, home address (including street number, street name, city, province or territory and postal code), position in the charity, telephone number, and whether or not they are at arm's length from other members of the charity's Board of Directors/Trustees. Only the person's name, position in the charity, and their arm's length status will be made public. All other information will be kept confidential. See the guide for an explanation of the term arm's length.

Form entry for a director/trustee with redacted information.

Form entry for a director/trustee with redacted information.

Form entry for a director/trustee with redacted information.

Form entry for a director/trustee with redacted information.

Form entry for a director/trustee with handwritten '0' and 'C' marks.

Form entry for a director/trustee with handwritten '0' and 'C' marks.

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Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like official and their date of birth, home address (including street number, street name, city, province or territory and postal code), position in the charity, telephone number, and whether or not they are at arm's length from other members of the charity's Board of Directors/Trustees. Only the person's name, position in the charity, and their arm's length status will be made public. All other information will be kept confidential. See the guide for an explanation of the term arm's length.

Last name: Strangway First name: David Initial: Date of birth: [Redacted]

Last name: Ufford First name: Peter Initial: Date of birth: [Redacted]

Last name: Lee First name: Robert Initial: Date of birth: [Redacted]

Last name: Smith First name: Ross Initial: Date of birth: [Redacted]

Last name: First name: Initial: Date of birth: Street number and name: City: Province or territory: Postal code: Telephone number: Position in charity: Arm's length Yes No

Last name: First name: Initial: Date of birth: Street number and name: City: Province or territory: Postal code: Telephone number: Position in charity: Arm's length Yes No

Last name: First name: Initial: Date of birth: Street number and name: City: Province or territory: Postal code: Telephone number: Position in charity: Arm's length Yes No

Last name: First name: Initial: Date of birth: Street number and name: City: Province or territory: Postal code: Telephone number: Position in charity: Arm's length Yes No

Last name: First name: Initial: Date of birth: Street number and name: City: Province or territory: Postal code: Telephone number: Position in charity: Arm's length Yes No

Last name: First name: Initial: Date of birth: Street number and name: City: Province or territory: Postal code: Telephone number: Position in charity: Arm's length Yes No

Last name: First name: Initial: Date of birth: Street number and name: City: Province or territory: Postal code: Telephone number: Position in charity: Arm's length

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Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like official, home address (including street number, street name, city, province or territory and postal code), position in the charity, whether or not they were a director/trustee at the end of the fiscal period, telephone number, whether or not they are at arm's length from all other members of the charity's Board of Directors/Trustees and their date of birth. Only the "Public Information" section of the worksheet is made available to the public. The "Confidential Information" section is for CCRA's use only and remains confidential. See the guide for an explanation of the term arm's length.

Public information			Confidential information			
Last name: Strangway		First name: David	Initial:			
Position in charity: Director	Director/Trustee at year end?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	Arm's length:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name: Ufford		First name: Peter	Initial:			
Position in charity: Director	Director/Trustee at year end?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	Arm's length:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name: Lee		First name: Robert	Initial:			
Position in charity: Director	Director/Trustee at year end?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	Arm's length:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name: Smith		First name: Ross	Initial:			
Position in charity: Director	Director/Trustee at year end?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	Arm's length:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:		First name:	Initial:		Street number and name:	City:
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:	
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:			
Last name:		First name:	Initial:		Street number and name:	City:
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:	
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:			
Last name:		First name:	Initial:		Street number and name:	City:
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:	
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:			
Last name:		First name:	Initial:		Street number and name:	City:
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:	
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:			
Last name:		First name:	Initial:		Street number and name:	City:
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:	
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:			
Last name:		First name:	Initial:		Street number and name:	City:
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:	
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:			



Directors/Trustees and Like Officials Worksheet

21 2009-08-31 888963519 RR 0001 3017347

Enter the prescribed information for each director/trustee and like official of the charity's board of directors/trustees. The Canada Revenue Agency makes the public information section on this worksheet available to the public. All of the information collected on this form, including the confidential data, may be shared as permitted by law (e.g. with certain other government departments and agencies). See the reverse of this form for an explanation of terms used.

Total Number of Directors/Trustees and Like Officials:

Public information			Confidential Data		
Last name:	First name:	Initial:			
Lee	Robert				
Director/Trustee/Like Officials Term ▶ Start Date: 2004/03/31 End Date: _____					
Position:	At arm's length with other Directors, etc.?				
Chairman	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:			
Smith	Ross				
Director/Trustee/Like Officials Term ▶ Start Date: 2004/03/31 End Date: _____					
Position:	At arm's length with other Directors, etc.?				
Director	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:			
Ufford	Peter				
Director/Trustee/Like Officials Term ▶ Start Date: 2001/05/01 End Date: _____					
Position:	At arm's length with other Directors, etc.?				
Director	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:			
Lawlor	Anne				
Director/Trustee/Like Officials Term ▶ Start Date: 2005/09/01 End Date: _____					
Position:	At arm's length with other Directors, etc.?				
Officer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City: Prov/Terr: Postal code:		
Position:	At arm's length with other Directors, etc.?		Telephone number: Date of Birth () - (mandatory for identification):		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City: Prov/Terr: Postal code:		
Position:	At arm's length with other Directors, etc.?		Telephone number: Date of Birth () - (mandatory for identification):		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City: Prov/Terr: Postal code:		
Position:	At arm's length with other Directors, etc.?		Telephone number: Date of Birth () - (mandatory for identification):		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City: Prov/Terr: Postal code:		
Position:	At arm's length with other Directors, etc.?		Telephone number: Date of Birth () - (mandatory for identification):		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				



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Directors/Trustees and Like Officials Worksheet

Enter the prescribed information for each director/trustee and like official of the charity's board of directors/trustees. The Canada Revenue Agency makes the public information section on this worksheet available to the public. All of the information collected on this form, including the confidential data, may be shared as permitted by law (e.g. with certain other government departments and agencies). See the reverse of this form for an explanation of terms used.

Total Number of Directors/Trustees and Like Officials:

Public information			Confidential Data		
Last name: Lee	First name: Robert	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2004/03/31</u> End Date: _____					
Position: Chairman At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Smith	First name: Ross	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2004/03/31</u> End Date: _____					
Position: Director At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Ufford	First name: Peter	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2001/05/01</u> End Date: _____					
Position: Director At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Lawlor	First name: Anne	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2005/09/01</u> End Date: _____					
Position: Officer At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Partington	First name: Terry	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2009/12/17</u> End Date: _____					
Position: Director At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City: _____ Prov/Terr: _____ Postal code: _____		
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: () - _____ Date of Birth (mandatory for identification): _____		
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City: _____ Prov/Terr: _____ Postal code: _____		
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: () - _____ Date of Birth (mandatory for identification): _____		
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City: _____ Prov/Terr: _____ Postal code: _____		
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: () - _____ Date of Birth (mandatory for identification): _____		
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City: _____ Prov/Terr: _____ Postal code: _____		
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: () - _____ Date of Birth (mandatory for identification): _____		



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Total Number of Directors/Trustees and Like Officials:

Public information			Confidential Data		
Last name: Lee First name: Robert Initial:					
Director/Trustee/Like Officials Term ▶ Start Date: <u>2004/03/31</u> End Date:					
Position: Chairman At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Smith First name: Ross Initial:					
Director/Trustee/Like Officials Term ▶ Start Date: <u>2004/03/31</u> End Date:					
Position: Director At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Ufford First name: Peter Initial:					
Director/Trustee/Like Officials Term ▶ Start Date: <u>2001/05/01</u> End Date:					
Position: Director At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Lawlor First name: Anne Initial:					
Director/Trustee/Like Officials Term ▶ Start Date: <u>2005/09/01</u> End Date:					
Position: Officer At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Partington First name: Terry Initial:					
Director/Trustee/Like Officials Term ▶ Start Date: <u>2009/12/17</u> End Date:					
Position: Director At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: _____ First name: _____ Initial:			Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date:			City: _____ Prov/Terr: _____ Postal code: _____		
Position: _____ At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: _____ Date of Birth (mandatory for identification): _____		
Last name: _____ First name: _____ Initial:			Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date:			City: _____ Prov/Terr: _____ Postal code: _____		
Position: _____ At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: _____ Date of Birth (mandatory for identification): _____		
Last name: _____ First name: _____ Initial:			Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date:			City: _____ Prov/Terr: _____ Postal code: _____		
Position: _____ At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: _____ Date of Birth (mandatory for identification): _____		
Last name: _____ First name: _____ Initial:			Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date:			City: _____ Prov/Terr: _____ Postal code: _____		
Position: _____ At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: _____ Date of Birth (mandatory for identification): _____		



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Total Number of Directors/Trustees and Like Officials:

Public information	Confidential Data
Last name: Lee First name: Robert Initial: _____ Director/Trustee/Like Officials Term ▶ Start Date: 2004/03/31 End Date: _____ Position: Chairman At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: Smith First name: Ross Initial: _____ Director/Trustee/Like Officials Term ▶ Start Date: 2004/03/31 End Date: _____ Position: Director At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: Ufford First name: Peter Initial: _____ Director/Trustee/Like Officials Term ▶ Start Date: 2001/05/01 End Date: _____ Position: Director At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: Lawlor First name: Anne Initial: _____ Director/Trustee/Like Officials Term ▶ Start Date: 2005/09/01 End Date: _____ Position: Officer At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: Partington First name: Terry Initial: _____ Director/Trustee/Like Officials Term ▶ Start Date: 2009/12/17 End Date: _____ Position: Director At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: _____ First name: _____ Initial: _____ Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____ Position: _____ At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: _____ First name: _____ Initial: _____ Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____ Position: _____ At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: _____ First name: _____ Initial: _____ Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____ Position: _____ At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: _____ First name: _____ Initial: _____ Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____ Position: _____ At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: _____ First name: _____ Initial: _____ Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____ Position: _____ At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	