



### Directors/Trustees and Like Officials Worksheet

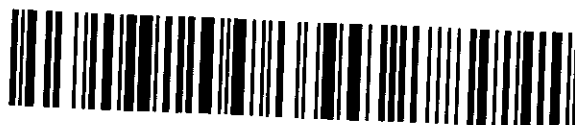
Enter the prescribed information for each director/trustee and like official of the Agency makes the public information section on this worksheet available to the public. Confidential data, may be shared as permitted by law (e.g. with certain other government departments) for an explanation of terms used.

22 2011-04-30 859874828 RR 0001 3038822

Total Number of Directors/Trustees and Like Officials:

Public information			Confidential Data		
Last name:	First name:	Initial:			
Richardson	Christopher				
Director/Trustee/Like Officials Term ▶					
Start Date:	End Date:				
2008/05/27	2011/04/15				
Position:	At arm's length with other Directors, etc.?				
Director	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:			
Nalugwa	Victoria				
Director/Trustee/Like Officials Term ▶					
Start Date:	End Date:				
2008/05/27					
Position:	At arm's length with other Directors, etc.?				
Director	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:			
Lepp	Nate				
Director/Trustee/Like Officials Term ▶					
Start Date:	End Date:				
2008/08/19					
Position:	At arm's length with other Directors, etc.?				
Director	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:			
Salas	Alex				
Director/Trustee/Like Officials Term ▶					
Start Date:	End Date:				
2011/04/15					
Position:	At arm's length with other Directors, etc.?				
Director	<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 ▶			City: Prov/Terr: Postal code:		
Start Date:	End Date:		Telephone number: Date of Birth		
			( ) - (mandatory for identification):		
Position:	At arm's length with other Directors, etc.?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City: Prov/Terr: Postal code:		
Start Date:	End Date:		Telephone number: Date of Birth		
			( ) - (mandatory for identification):		
Position:	At arm's length with other Directors, etc.?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City: Prov/Terr: Postal code:		
Start Date:	End Date:		Telephone number: Date of Birth		
			( ) - (mandatory for identification):		
Position:	At arm's length with other Directors, etc.?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City: Prov/Terr: Postal code:		
Start Date:	End Date:		Telephone number: Date of Birth		
			( ) - (mandatory for identification):		
Position:	At arm's length with other Directors, etc.?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

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REGISTERED CHARITY INFORMATION RETURN

22 2011-04-30 859874828 RR 0001 3038822

Section A: Identification

- Guide T4033, Completing the Registered Charity Information Return, is available through our Forms and publications Web pages at www.cra.gc.ca/charities.
The Privacy Act protects all personal information given on this form, which is kept in personal information bank CRA PPU 200. The Canada Revenue Agency (CRA) will make this form and all attachments available to the public on the Charities Directorate Web site, except for information or data identified as confidential.

Remember: Even if the charity goes through an inactive period, you must continue to file information returns to maintain its registered status.

If you did not receive a barcode label to affix to the return, please complete the following:

1. Charity's name: BeCause Foundation
2. Return for fiscal period ending: 2011/04/30
3. BN/registration number: 85987 4828 RR 0001
4. Web address (if applicable)

A1 Was the charity in a subordinate position to a parent organization? 1510 Yes No

If yes, please provide the name and BN/registration number of the organization.

Name BN (if applicable) RR

A2 Has the charity wound-up, dissolved, or terminated operations? 1570 Yes No

A3 All charities are designated as one of the following: a charitable organization, a public foundation, or a private foundation. Is your organization designated as a public foundation or private foundation? 1600 Yes No

(Refer to the Form TF725, Registered Charity Basic Information sheet (BIS) to confirm. This form is included in the return package.)

If yes, you must complete and attach Schedule 1, Foundations, to your return.

Section B: Directors/trustees and like officials

B1 The charity is required to provide certain information for all members of its board of directors/trustees for the complete fiscal period. Only the confidential data section is for the CRA's use but may be available to the public. The confidential data section is for the CRA's use but may be available to the public. The confidential data section is for the CRA's use but may be available to the public. Use Form T1235, Directors/Trustees and Like Officials, to provide the same information. Charities subject to the Ontario Corporations Act may complete the confidential data section.



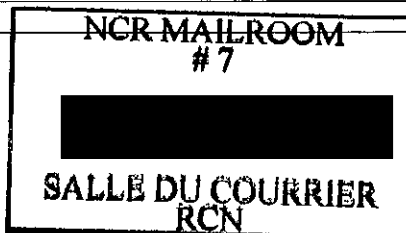
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Section C

C1 Was the charity active during the fiscal period? Explain why in the "Ongoing programs" space provided at C2 1800 Yes No

C2 In the space provided, describe all ongoing and new charitable programs the charity carried on to further its charitable purpose(s) (as defined in its governing documents) this fiscal period. "Programs" includes all of the charitable work the charity carries out on its own through employees or volunteers as well as through qualified donees and intermediaries. The charity may also use this space to describe the contributions of its volunteers in carrying out its programs (e.g. number of volunteers and/or hours). Grant-making charities should describe the types of organizations they support. Please note that "programs" does not include fundraising activities. Do not attach additional sheets of paper or annual reports.

Ongoing programs: It did not receive any funds to enable it to make gifts to Qualified Donees
New programs:



**Section D: Financial information**

If any of the following applies to your charity, proceed to Schedule 6, *Detailed Financial Information*, and do not complete Section D below. If none of the following applies, complete Section D.

- a) The charity's revenue exceeds \$100,000.
- b) The amount of all property (e.g., investments, rental properties) not used in charitable programs exceeds \$25,000.
- c) The charity currently has permission to accumulate funds during this fiscal period.

Please show all figures to the nearest single dollar.

**D1** Was the financial information reported below prepared on an accrual or cash basis? **4020**  Accrual  Cash

**D2 Summary of financial position:**

Using the charity's own financial statements, provide the following:

Does the charity own land and/or buildings? **4050**  Yes  No

**Total assets (including land and buildings)** **4200**\$

**Total liabilities** **4350**\$

Did the charity borrow from, loan to, or invest assets with any non-arm's length parties? **4400**  Yes  No

**D3 Revenue:**

Did the charity issue tax receipts for donations? **4490**  Yes  No

If yes, what is the total eligible amount of all donations for which the charity issued tax receipts **4500**\$ 0

Total amount of 10 year gifts received **4505**\$ 0

Total amount received from other registered charities **4510**\$ 0

What is the total amount for all other donations received for which a tax receipt was not issued by the charity? (excluding amounts at lines 4575 and 4630) **4530**\$

Did the charity receive any revenue from any level of Canadian government? **4565**  Yes  No

If yes, total amount received **4570**\$

Total non tax-receipted amounts from all sources outside Canada (government and non-government). **4575**\$

Total non tax-receipted amounts from fundraising **4630**\$ 0

Total revenue from sale of goods and services (except to any level of Canadian government). **4640**\$

Other amounts not already included in the amounts above **4650**\$

**Total revenue (Add lines 4500 to 4650, excluding line 4505)** **4700**\$ 0

**D4 Expenditures:**

What was the charity's total expenditure on professional and consulting fees? **4860**\$

What was the charity's total expenditure on travel and vehicles? **4810**\$

All other expenditures not already included in the amounts above (excluding gifts to qualified donees) **4920**\$

**Total expenditures (excluding gifts to qualified donees) (Add lines 4860, 4810, and 4920)** **4950**\$

Of the total amount at line 4950:

a) How much did the charity spend on charitable programs? **5000**\$ 0

b) How much did the charity spend on management and administration? **5010**\$

Total amount of gifts made to all qualified donees **5050**\$ 0

**Total expenditures (Add lines 4950 and 5050)** **5100**\$ 0

# BeCause Foundation

## BALANCE SHEET as at April 30, 2011 (Unaudited)

### ASSETS

#### Current

Cash on hand and in bank

\$ 0.00  
\$ 0.00

### LIABILITIES

Accounts Payable

\$ 0.00

Loan Payable

0.00  
\$ 0.00

### STATEMENT OF CHANGES IN SURPLUS

Balance at Beginning of Period

\$ 0.00

Increase (Decrease) in Surplus during period

0.00

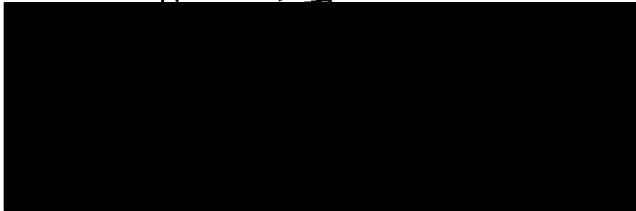
Surplus at End of Period

\$ 0.00

Total Liabilities & Surplus

0.00

Approved by:



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# BeCause Foundation

## STATEMENT OF RECEIPTS AND DISBURSEMENTS for the period ended April 30, 2011 (Unaudited)

### RECEIPTS

Received Donations

\$ 0.00

**Total Receipts**

\$ 0.00

### DISBURSEMENTS

Gifts to Qualified Donees  
Administrative Expenses  
Accounting & Legal fees

\$ 0.00

**Total Disbursements**

0.00

### SURPLUS

Increase (Decrease) in Surplus during Period

\$ 0.00

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