

**Quest University Canada
Pages of Tax Returns Showing That
Blake Bromley was a Director/Trustee**

2003-2011

3020678

SEA TO SKY UNIVERSITY

TAX DEPT. *JF*

Canada Customs and Revenue Agency

Agence des douanes et du revenu du Canada

REGISTERED CHARITY INFORMATION RETURN

Section A - Identification

To complete this form, you must provide the Charity Information Return (CIR) number.

The Privacy Act protects personal information that is collected, used or disclosed by the CRA.

Except for yes/no questions, enter the number in the box. 2003-05-31 864070859 RR 0001



Please attach a bar code label here before you mail this return. If no label, enter:

1. Fiscal Period End

2003/05/31

Year Month Day

2. BN/registration number

864070859 RR 0001

RC-2003-807

A1 Has the charity made any changes to its governing documents (e.g., letters patent, articles of incorporation, constitution, trust, or by-laws) that it has not previously reported? (If yes, see the guide.) 1500 Yes No

A2 Was the charity an internal division regulated by the governing documents of another charity (i.e., it had no governing documents establishing its independent existence)? If yes, what is the name and BN/registration number of the other charity? 1510 Yes No

Name BN/registration number (##### ##RR####) RR

A3 Was the charity linked to a provincial, national, or international organization? If yes, what is the name of this organization and its BN/registration number (if applicable). 1540 Yes No

Name BN/registration number (##### ##RR####) RR

A4 Has the charity wound-up, dissolved, or terminated operations? (If yes, see the guide.) 1570 Yes No

A5 Has the charity amalgamated, merged, or consolidated with another organization? (If yes, see the guide.) 1580 Yes No

Directors/Trustees and Like Officials

Attach a list with the last name, first name, and initial of each director/trustee and like official and their date of birth, home address (including street number, street name, city, and postal code), telephone number, position in the charity, and if they are also a member of the governing board. Only the person's name, position in the charity, and their term's length should be made public. All other information will be kept confidential. Use the worksheet included in the guide or a sheet with the same format to enter this information, and attach it to this return. See the guide for an explanation of the format. Have you attached the list required above? 1700 Yes No

Programs and General Information

Were any programs or services inactive during the fiscal period? If yes, please explain why in the "Comments" space below. 1800 Yes No

Describe the charity's ongoing programs and new programs in the spaces provided. Do not attach additional sheets of paper or annual reports. Do not include a description of fundraising activities in this section. Charities should describe the types of organizations they support. Please number each program. (See the guide for more information on how to describe your programs.)

Comments: ACADEMIC PROGRAM FOR A FOUR-YEAR BACCALAUREATE LIBERAL ARTS AND SCIENCE DEGREE. DEVELOPED THE FINANCE AND POLICIES, PROCEDURES AND SYSTEMS GOVERNING THE OPERATION OF THE UNIVERSITY. DEVELOPED THE STUDENT RECRUITMENT STRATEGY FOR THE UNIVERSITY. PLANNED AND DESIGNED THE UNIVERSITY CAMPUS, INCLUDING ACADEMIC BUILDING AND RESIDENCES. DEVELOPED ACADEMIC PARTNERSHIP AGREEMENTS WITH CERTAIN POST-SECONDARY INSTITUTIONS AROUND THE WORLD.

New programs

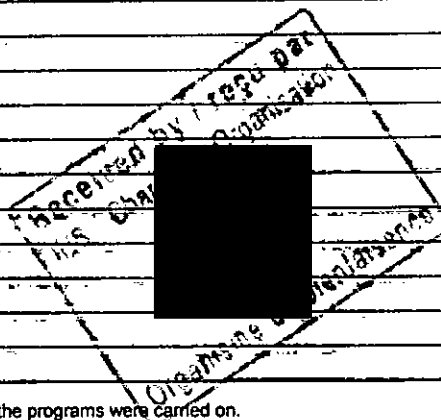
C3 For programs carried on in Canada, check the appropriate box to show where the programs were carried on.

2000 A single rural, city, or metropolitan area

2010 Provincially or territorially

2020 In more than one province or territory

F5000008590418





Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like official and their date of birth 18 2003-05-31 864070859 RR 0001 city, province or territory and postal code), position in the charity, telephone number, and whether or not they are an arm's length person. 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: |
|----------------------|-------------------|----------|----------------|

| | | | |
|--------------------|-------------------|----------|----------------|
| Last name: BROMLEY | First name: BLAKE | Initial: | Date of birth: |
|--------------------|-------------------|----------|----------------|

| | | | |
|--------------------|-------------------|----------|----------------|
| Last name: DUFFORD | First name: PETER | Initial: | Date of birth: |
|--------------------|-------------------|----------|----------------|

| | | | |
|-------------------------|------------------------|--------------|----------------------------------------------------------|
| 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 | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Place bar code label here

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: Bromley | First name: Blake | Initial: | Date of birth: |
| [Redacted] | | | |

| | | | |
|-------------------|-------------------|----------|----------------|
| Last name: Ifford | First name: Peter | Initial: | Date of birth: |
| [Redacted] | | | |

| | | | |
|--------------------|---------------------|----------|----------------|
| Last name: Shapiro | First name: Bernard | Initial: | Date of birth: |
| [Redacted] | | | |

| | | | |
|-------------------|----------------------|----------|----------------|
| Last name: Mawani | First name: Nurjahan | Initial: | Date of birth: |
| [Redacted] | | | |

| | | | |
|----------------------|--------------------|----------|----------------|
| Last name: Kamonyori | First name: Sheila | 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 | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |





Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like official, home address (incl. territory and postal code), position in the charity, whether or not they were a director/trustee at the end of if they are at arm's length from all other members of the charity's Board of Directors/Trustees and their date the worksheet is made available to the public. The "Confidential information" section is for CCRA's 19 2005-08-31 864070859 RR 0001 3020678 for an explanation of the term arm's length.

2005-08-31 864070859 RR 0001

3020678

| 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: Bromley | | First name: Blake | 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: Mawani | | First name: Nurjehan | 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: Kamonyori | | First name: Sheila | 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: Gibbons | | First name: Michael | 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: Slaymaker | | First name: Olav | 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: | | |
| Position in charity: | | Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No | Province or territory: | | Postal Code: |
| | | Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of birth: | | Telephone number: |
| Last name: | | First name: | Initial: | | |
| Position in charity: | | Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No | Province or territory: | | Postal Code: |
| | | Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of birth: | | Telephone number: |
| Last name: | | First name: | Initial: | | |
| Position in charity: | | Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No | Province or territory: | | Postal Code: |
| | | Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of birth: | | Telephone number: |



Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like official, home address (including territory and postal code), position in the charity, whether or not they were a director/trustee at the end of if they are at arm's length from all other members of the charity's Board of Directors/Trustees and their date the worksheet is made available to the public. The "Confidential information" section is for CCRA's 19

2006-08-31 864070859 RR 0001 3020678

| 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: Bromley | First name: Blake | 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: Mawani | First name: Nurjehan | 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: Kamonyori | First name: Sheila | 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: Gibbons | First name: Michael | 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: Slaymaker | First name: Olav | 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 | Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No | Province or territory: | Postal Code: | Telephone number: |
| | | | 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 | Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No | Province or territory: | Postal Code: | Telephone number: |
| | | | 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 | Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No | Province or territory: | Postal Code: | Telephone number: |
| | | | Date of birth: | | |



Directors/Trustees and Like Officials Worksheet

Enter the prescribed information for each director/trustee and like official of the charity. 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 and agencies). See the reverse of this form for an explanation of terms used.

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Total Number of Directors/Trustees and Like Officials:

| Public information | Confidential Data |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Last name: BROMLEY First name: BLAKE Initial: | |
| Director/Trustee/Like Officials Term ▶ Start Date: 2008/07/28 End Date: 2011/04/28 | |
| Position: DIRECTOR At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Last name: DAVIS First name: BASIL Initial: | |
| Director/Trustee/Like Officials Term ▶ Start Date: 2008/08/26 End Date: 2011/10/02 | |
| Position: DIRECTOR At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Last name: WORLAND First name: IAN Initial: | |
| Director/Trustee/Like Officials Term ▶ Start Date: 2008/07/28 End Date: | |
| Position: DIRECTOR At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Last name: HELFAND First name: DAVID Initial: | |
| Director/Trustee/Like Officials Term ▶ Start Date: 2008/09/26 End Date: | |
| Position: DIRECTOR At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Last name: ARMITAGE First name: JIM Initial: | |
| Director/Trustee/Like Officials Term ▶ Start Date: 2010/12/23 End Date: 2011/01/10 | |
| 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): |