



REGISTERED CHARITY INFORMATION RETURN

21 2010-07-31 845528827 RR 0001 3039386

Section A: Identification

- Guide T4033B, Completing the Registered Charity Information Return is available at www.cra.gc.ca/E/pub/tg/t4033b/README.html
The Privacy Act protects all personal information given on this form...

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

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

1. Charity's name:

CHIMP FOUNDATION

2. Return for fiscal period ending:

2010/07/31

3. BN/registration number:

84552 8827 RR 0001

4. Web address (if applicable)

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

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

Table with 2 columns: Name, BN (if applicable) RR

A2 Has the charity wound-up, dissolved, or terminated operations? 1570 Yes [X] 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 [X] 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 public information section on the worksheet is available to the public.

Section C: Programs and general information

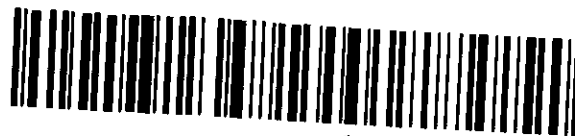
C1 Was the charity active during the fiscal period? If "No" explain why in the "Ongoing programs" space provided at C2 1800 Yes [X] No

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.

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

Reçu par / Recm Par
Reçu de la section /
Reçu de l'unité

Canada Revenue Agency / Agence du revenu du Canada
la gestion des organismes de



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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 confidential data, may be shared as permitted by law (e.g. with certain other government departments) for an explanation of terms used.

Total Number of Directors/Trustees and Like Officials:

Public information		Confidential Data	
Last name: Bromley	First name: John	Initial:	
Director/Trustee/Like Officials Term ▶ Start Date: 2009/07/31		End Date:	
Position: Director	At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last name: Richardson	First name: Christopher	Initial:	
Director/Trustee/Like Officials Term ▶ Start Date: 2009/07/31		End Date:	
Position: Director	At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last name: Simpson	First name: Don	Initial:	
Director/Trustee/Like Officials Term ▶ Start Date: 2009/07/31		End Date:	
Position: Director	At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last name: Cahen	First name: Michael	Initial:	
Director/Trustee/Like Officials Term ▶ Start Date: 2009/07/31		End Date:	
Position: Director	At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last name: Bromley	First name: Blake	Initial:	
Director/Trustee/Like Officials Term ▶ Start Date: 2008/11/06		End Date: 2010/07/31	
Position: Director	At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last name: Salas	First name: Alex	Initial:	
Director/Trustee/Like Officials Term ▶ Start Date: 2008/08/06		End Date: 2010/07/31	
Position: Director	At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Last name: Glazema	First name: John	Initial:	
Director/Trustee/Like Officials Term ▶ Start Date: 2008/11/06		End Date: 2010/07/31	
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):