

Section A. Identification

- To complete this form, you must file a Charity Information Return.
- The Privacy Act protects personal information bank.
- Except for yes/no questions, leave it blank.



18 2003-11-30 884451923 RR 0001 3012414

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

1. Fiscal Period End 2003/11/30
Year Month Day

2. BN/registration number 88445 1923 RR 0001
RC-03-806

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
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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
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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

Section B – Directors/Trustees and Like Officials

B1 You must 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 at arm's length from all other members of the governing board. 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. Use the worksheet included in the guide or a sheet with the same information in the same format to enter this information, and attach it to this return. See the guide for an explanation of the term arm's length.

Have you attached the list required above? 1700 Yes No

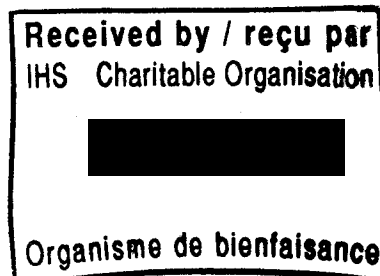
Section C – Programs and General Information

C1 Was the charity inactive during the fiscal period? If yes, please explain why in the "Ongoing programs" space below. 1800 Yes No

C2 Describe how the charity carried out its charitable purposes during the fiscal period. Give detailed information so a reader can clearly understand what the charity actually did to fulfill its mandate. Describe the charity's ongoing programs and new programs in the spaces provided below. Do not attach additional sheets of paper or annual reports. Do not include a description of fundraising activities in this section. Grant-making charities should describe the types of organizations they support. Please number each program. (See the guide for instructions on how to describe your programs.)

Ongoing programs
It made gifts to Qualified Donees
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



- C4** Did the charity carry on programs, directly or indirectly, outside Canada? _____ 2100 Yes No
 If yes, were any carried out:
 • by employees or volunteers of the charity? _____ 2110 Yes No
 • under agency agreement, contract, joint-venture, or similar arrangements? _____ 2120 Yes No
 • through gifts to qualified donees? _____ 2130 Yes No
 • by other means? _____ 2140 Yes No

C5 For programs the charity managed directly, outside of Canada, list the countries or regions where programs were carried on. Do not include countries or regions where programs were managed by a qualified donee.

C6 Did the charity issue scholarships, bursaries, awards, prizes, or honoraria to an individual during the fiscal period? _____ 2300 Yes No

C7 A charity may pursue political activities that are non-partisan, related to its charitable purposes, and limited in extent. During the fiscal period, did the charity carry out political activities or provide assistance to another organization to carry out political activities? (See the guide for information on political activities.) _____ 2400 Yes No

C8 If the charity carried on fundraising activities, check all fundraising methods that it used during the fiscal period.

- | | | |
|---|--|--|
| 2500 <input type="checkbox"/> Advertisements/posters/flyers/radio or TV commercials | 2560 <input type="checkbox"/> Fundraising dinners/galas/concerts | 2620 <input type="checkbox"/> Telephone solicitations |
| 2510 <input type="checkbox"/> Auctions | 2570 <input type="checkbox"/> Fundraising sales (e.g., cookies, chocolate) | 2630 <input type="checkbox"/> Tournaments/sporting events |
| 2520 <input type="checkbox"/> Bingo/casino nights | 2580 <input type="checkbox"/> Mail campaigns | 2640 <input type="checkbox"/> Walk-a-thons/bike-a-thons (etc.) |
| 2530 <input type="checkbox"/> Collection plates/boxes | 2590 <input type="checkbox"/> Planned-giving programs | 2650 <input type="checkbox"/> Other |
| 2540 <input type="checkbox"/> Door-to-door solicitation | 2600 <input type="checkbox"/> Targeted corporate donations/sponsorships | 2660 <input type="checkbox"/> Specify: _____ |
| 2550 <input type="checkbox"/> Draws/lotteries | 2610 <input type="checkbox"/> Targeted contacts | |

C9 Did the charity use incentive-based compensation (e.g., bonuses, commissions, finder's fees, honoraria) for fundraisers? _____ 2700 Yes No

If yes, were these incentives paid to:

- contracted fundraisers? _____ 2710 Yes No
- staff or volunteers? _____ 2720 Yes No

C10 Did the charity charge fees for, or otherwise receive regular revenue from goods, services, or the use of the charity's assets? _____ 2800 Yes No

C11 Did the charity make gifts to qualified donees? _____ 2900 Yes No

If yes, you **must** attach a list with the name of each qualified donee and its location, BN/registration number, the total amount of the gift for the fiscal period, the amount, if any, of specified gifts, and whether or not it is an associated charity. List the qualified donees in the order of the total amount of the gifts made, starting with the largest. Use the worksheet included in the guide or a sheet with the same information in the same format and attach it to this return.

C12 If the charity received non-cash gifts (gifts in kind) for which it issued tax receipts, check all the types of gifts that apply.

- | | | |
|---|--|---|
| 3000 <input type="checkbox"/> Artwork/wine/jewellery | 3040 <input type="checkbox"/> Cultural property | 3080 <input type="checkbox"/> Publicly-traded securities/mutual funds |
| 3010 <input type="checkbox"/> Building materials | 3050 <input type="checkbox"/> Ecological property | 3090 <input type="checkbox"/> Privately-held securities |
| 3020 <input type="checkbox"/> Clothing/furniture/food | 3060 <input type="checkbox"/> Machinery/equipment (including computers/software) | 3100 <input type="checkbox"/> Other |
| 3030 <input type="checkbox"/> Vehicles | 3070 <input type="checkbox"/> Hedge funds/life insurance policies | 3110 <input type="checkbox"/> Specify: _____ |

Section D – Compensation

Note: Compensation includes all forms of remuneration (e.g., salaries, fees, and honoraria) and benefits (e.g., personal use of a car or office space).

D1 On average, how many permanent, full-time, compensated positions did the charity have in the fiscal period? _____ 3600 _____

D2 For the five highest compensated positions indicate the number of positions in each of the following annual compensation categories. Include only those positions that are permanent, full-time positions.

3700 _____ \$1–\$39,999 3710 _____ \$40,000–\$79,999 3720 _____ \$80,000–\$119,999 3730 _____ \$120,000 and over

D3 On average, how many part-time or part-year employees did the charity employ in the fiscal period? _____ 3800 _____

D4 What was the total expenditure on compensation for part-time or part-year employees in the fiscal period? _____ 3850 \$ _____

D5 Did the charity compensate any of its directors/trustees or like officials, during the fiscal period? _____ 3900 Yes No

D6 Except for compensation, did the charity, directly or indirectly, transfer any part of its income or assets to individuals or organizations not at arm's length to the charity? _____ 3950 Yes No

Section E – Financial Information

- E1** Please attach a copy of the charity's financial statements to this return 4000 Attached
E2 May we make the attached financial statements available to the public? 4010 Yes No
E3 Was the financial information reported below prepared on an accrual or cash basis? 4020 Accrual Cash
E4 Please show figures to the nearest single dollar. Do not show cents. See the guide for an explanation of the terms.

Assets		Liabilities			
Cash, bank accounts, and short-term investments	4100	8,079,309	Accounts payable and accrued liabilities	4300	
Amounts receivable from non-arm's length parties	4110		Deferred revenue	4310	
Amounts receivable from all others	4120	5,722,133	Amounts owing to non-arm's length parties	4320	6,445
Investments in non-arm's length parties	4130		Other liabilities	4330	
Long-term investments	4140		Total liabilities (add lines 4300 to 4330)	4350	6,445
Inventories	4150				
Capital assets	4160				
Other assets	4170				
Total assets (add lines 4100 to 4170)	4200	13,801,442	Amount included in lines 4150, 4160, and 4170 not used in charitable programs	4250	

- E5** Please show figures to the nearest single dollar. Do not show cents. See the guide for an explanation of the terms.

Revenue		
Total tax-receipted gifts	4500	
Total gifts received from other registered charities	4510	
Total specified gifts included in line 4510	4520	
Total other gifts	4530	
Revenue from federal government	4540	
Revenue from provincial/territorial governments	4550	
Revenue from municipal/regional governments	4560	
Total revenue from government (add lines 4540, 4550, and 4560)	4570	
Interest and investment income	4580	786,428
Proceeds from disposition of assets	gross 4590	net 4600
Rental income (land and buildings)	4610	
Memberships, dues, and association fees (non tax-receipted)	4620	
Total revenue from fundraising	4630	
Total revenue from sale of goods and services (except to government)	4640	
Other revenue	4650	
Total revenue (add lines 4500, 4510, 4530, 4570, 4580, and 4600 to 4650)	4700	786,428

Expenditures (Enter all expenditures, whether or not on charitable programs)		
Advertising and promotion	4800	
Travel and vehicle	4810	
Interest and bank charges	4820	221
Licences, memberships, and dues	4830	
Office supplies and expenses	4840	
Occupancy costs	4850	
Professional and consulting fees	4860	21,444
Education and training for staff and volunteers	4870	
Salaries, wages, benefits, and honoraria	4880	
Donated and purchased supplies and assets expensed for the fiscal period	4890	
Amortization of capitalized assets	4990	
Research grants and scholarships as part of charitable programs	4910	
Other expenditures	4920	
Total expenditures before gifts to qualified donees (add lines 4800 to 4920)	4950	21,665
Total charitable programs expenditures included in line 4950	5000	
Total management and administration expenditures included in line 4950	5010	21,665
Total fundraising expenditures included in line 4950	5020	
Total political activity expenditures included in line 4950	5030	
Total other activity expenditures included in line 4950	5040	
Total gifts to qualified donees	5050	883,500
Total expenditures (add lines 4950 and 5050)	5100	905,165

We will calculate your disbursement quota based on the information you provide on this return.
 If you want to do your own calculation, see the disbursement quota worksheet in the guide.

Section F – Other Required Information

F1 What were the total expenditures on programs outside Canada during the fiscal period, excluding gifts to qualified donees? 5400 \$

F2 If the charity retained contracted fundraiser(s), enter:

a. the gross revenues collected by the fundraiser(s) on behalf of the charity 5450 \$

b. the amounts paid to and/or retained by the fundraiser(s) 5460 \$

c. the net fundraising revenue received by the charity (line 5450 minus line 5460) 5470 \$

F3 If the charity has written permission to accumulate property, enter:

- the amount accumulated for the fiscal period, including income earned for the fiscal period on previously accumulated funds 5500 \$
- the amount disbursed for the fiscal period for the specified purpose we have granted permission for 5510 \$
- the amount deemed to be a tax-receipted gift for the fiscal period (See the guide) 5520 \$

F4 Of the tax-receipted gifts received by the charity for the fiscal period, enter:

- the total amount of tax-receipted non-cash gifts (gifts in kind) 5600 \$
- the total amount of tax-receipted tuition fees 5610 \$
- the total amount of tax-receipted ten-year gifts 5620 \$
- the total amount of tax-receipted bequests 5630 \$

F5 If the charity received ten-year gifts or bequests in a previous fiscal period and used them to reduce its disbursement quota, enter the amount, if any, spent in the fiscal period. (See the guide.) 5700 \$

F6 If the charity is taking a special reduction, which we have pre-approved, to its disbursement quota, enter the special reduction amount for the fiscal period. (See the guide.) 5750 \$

F7 Did the charity acquire a non-qualifying security or allow a donor to use any of the charity's property under the circumstances described in the guide during the fiscal period? (See the guide.) 5800 Yes No

Section G – For Foundations Only

Note: See the guide for an explanation of the terms and requirements of this section.

G1 In the fiscal period, did the foundation acquire control of a share-capital or for-profit corporation? 6000 Yes No

G2 Indicate the average value of investment property not used for charitable programs or administration during:

- the 24 months before the beginning of the fiscal period 6050 \$ 14,452,520
- the 24 months before the end of the fiscal period 6060 \$ 14,150,618

G3 Did the foundation incur debts at any time during the fiscal period other than for current operating expenses, in purchasing or selling investments, or in administering charitable programs? 6100 Yes No

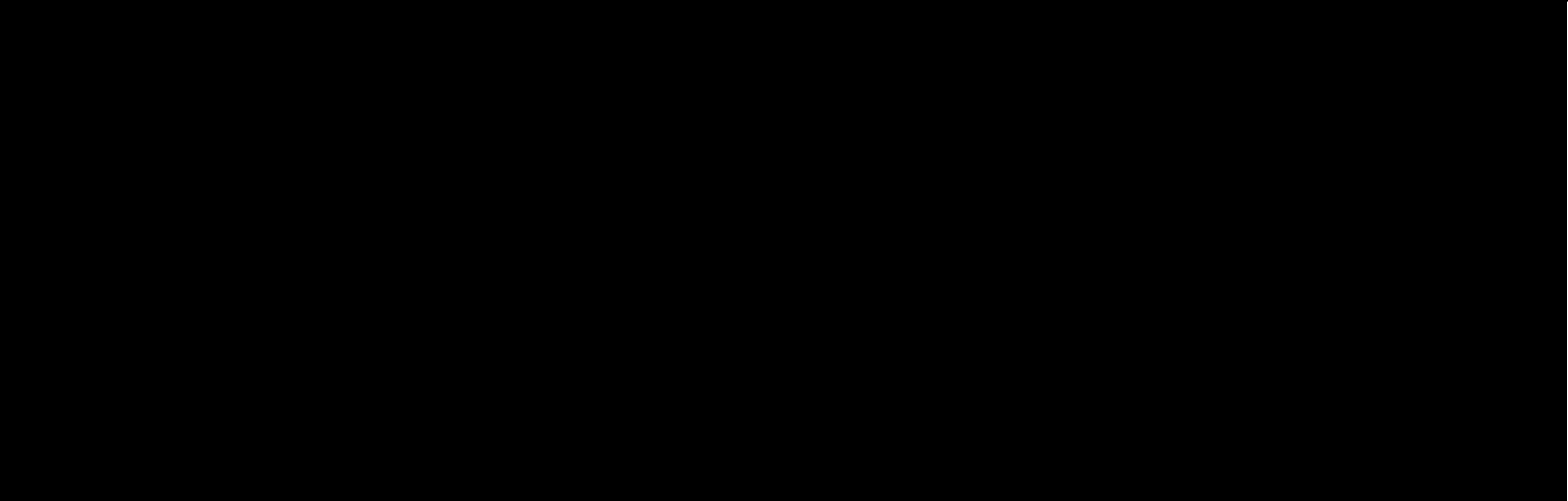
G4 For private foundations only: At any time during the fiscal period, did the foundation hold any shares, rights to acquire such shares, or debts owing to it that meet the definition of a non-qualified investment? 6150 Yes No

Section H – Certification

H1 To be completed by a director/trustee or like official of the charity. It is a serious offence under the Income Tax Act to provide false or deceptive information.
I certify that the information given on this form, the basic information sheet, and any attachments is, to the best of my knowledge, correct, complete, and current.

Name (Please print) Greg Kerfoot Position in charity Director
 Signature [Redacted] Date signed 2004/09/29

Section I – Confidential Data





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Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like of number, street name, city, province or territory and postal code), position in the length from other members of the charity's Board of Directors/Trustees. Only the 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: Kerfoot		First name: Greg		Initial:	
Telephone number: () -		Position in charity: Director		Arm's length <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Last name: Kerfoot		First name: Lisa		Initial:	
Telephone number: () -		Position in charity: Director		Arm's length <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Last name: Hancock		First name: Sandra		Initial:		Date of birth: yyyy/mm/dd	
Telephone number: () -		Position in charity: Director		Arm's length <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Last name:		First name:		Initial:		Date of birth: yyyy/mm/dd	
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: yyyy/mm/dd	
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: yyyy/mm/dd	
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: yyyy/mm/dd	
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: yyyy/mm/dd	
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: yyyy/mm/dd	
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: yyyy/mm/dd	
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: yyyy/mm/dd	
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			



Qualified Donees Worksheet

Provide the name of each qualified donee, whether or not it is an associated charity, its location, the amount, if any, of specified gifts. List the qualified donees in the order of the total nearest single dollar.

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Total number of qualified donees

Name of qualified donee: Canadian Education Forum		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Vancouver, BC			
BN/registration number: 89107 2092 RR 0001	Total amount of gifts: \$ 800,000	Amount of specified gifts: \$ 0	
Name of qualified donee: Kelty Patrick Dennehy Foundation		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Whistler, BC			
BN/registration number: 88122 7110 RR 0001	Total amount of gifts: \$ 20,000	Amount of specified gifts: \$ 0	
Name of qualified donee: BC Children's Hospital Foundation		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Vancouver, BC			
BN/registration number: 11885 2433 RR 0001	Total amount of gifts: \$ 12,500	Amount of specified gifts: \$ 0	
Name of qualified donee: BC Cancer Foundation		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Vancouver, BC			
BN/registration number: 11881 8434 RR 0001	Total amount of gifts: \$ 1,000	Amount of specified gifts: \$ 0	
Name of qualified donee: Canadian Council of Prov. and Territorial Sports Federation		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Vancouver, BC			
BN/registration number: R	Total amount of gifts: \$ 50,000	Amount of specified gifts: \$ 0	
Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number: R	Total amount of gifts: \$ 0	Amount of specified gifts: \$ 0	
Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number: R	Total amount of gifts: \$ 0	Amount of specified gifts: \$ 0	
Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number: R	Total amount of gifts: \$ 0	Amount of specified gifts: \$ 0	
Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number: R	Total amount of gifts: \$ 0	Amount of specified gifts: \$ 0	
Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number: R	Total amount of gifts: \$ 0	Amount of specified gifts: \$ 0	