

Section A - Identification

- To complete this form, you will *Information Return, T4033A*.
- The *Privacy Act* protects personal information bank.
- Except for yes/no questions, if



19 2006-11-30 884451923 RR 0001 3012414

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

1. Fiscal Period Ending 2006/11/30
Year Month Day

2. BN/registration number 88445 1923 RR 0001
RC-06-806

A1 Has the charity made any changes to its governing documents during the fiscal period (e.g., letters patent, articles of incorporation, constitution, trust, or by-laws)? (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 in a subordinate way 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, 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, if they are at arm's length from all other members of the governing board and their date of birth. **Only the Public information section on the worksheet is available to the public. The Confidential information section is for the CCRA's use only and remains 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

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Records Operations Section /
Charities Unit

Opérations de Soutien à la gestion
des dossiers / Unité des organismes de
bien faisances

F5000006525769



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

E2 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 13,755,026	Accounts payable and accrued liabilities	4300 12,531
Amounts receivable from non-arm's length parties	4110	Deferred revenue	4310
Amounts receivable from all others	4120 10,432	Amounts owing to non-arm's length parties	4320
Investments in non-arm's length parties	4130	Other liabilities	4330
Long-term investments	4140	Total liabilities (add lines 4300 to 4330)	4350 12,531
Inventories	4150		
Capital assets (at cost or fair market value)	4160		
Other assets	4170	Amount included in lines 4150, 4160, and	
Total assets (add lines 4100 to 4170)	4200 13,765,458	4170 not used in charitable programs	4250

E3 Please show figures to the nearest **single dollar**. Do not show cents. See the guide for an explanation of the terms.

Revenue			
Total eligible amount of tax-receipted gifts	4500		
Total amount received from other registered charities	4510		
Total specified gifts included in line 4510	4520		
Total enduring property included in line 4510 (See the guide.)	4525		
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	486,061	
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	486,061	
Expenditures (Enter all expenditures, whether or not on charitable programs)			
Advertising and promotion	4800		
Travel and vehicle	4810		
Interest and bank charges	4820	12	
Licences, memberships, and dues	4830		
Office supplies and expenses	4840		
Occupancy costs	4850		
Professional and consulting fees	4860	1,557	
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	4900		
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	1,569	
Total charitable programs expenditures included in line 4950	5000		
Total management and administration expenditures included in line 4950	5010	1,569	
Total fundraising expenditures included in line 4950	5020		
Total political activity expenditures included in line 4950	5030		
Total other expenditures included in line 4950	5040		
Total gifts to qualified donees excluding enduring property	5050	5,000	
Total enduring property transferred to qualified donees (See the guide.)	5060		
Total specified gifts to qualified donees (See the guide.)	5070		
Total expenditures (add lines 4950, 5050, 5060 and 5070)	5100	6,569	

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 5520 \$

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

• the total eligible amount of tax-receipted non-cash gifts (gifts in kind) 5600 \$

• the total eligible amount of tax-receipted tuition fees 5610 \$

• the total eligible amount of tax-receipted enduring property 5640 \$

F5 Enter the amount, if any, of enduring property spent in the fiscal period. (See the guide.) 5710 \$

F6 Enter the capital gains from the disposition of enduring property in the fiscal period. (See the guide.) 5720 \$

F7 Is the charity claiming an amount that is less than the maximum capital gains reduction? (See the guide.) 5730 Yes No

If yes, enter the amount from line 11 of form T1259. (See the guide.) 5740 \$

F8 If the charity is taking a special reduction, which we have approved, to its disbursement quota, enter the special reduction amount for the fiscal period. 5750 \$

F9 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? 5800 Yes No

F10 Indicate the average value of property not used for charitable activities or administration during:

• the 24 months before the beginning of the fiscal period 5900 \$ 13,443,492

• the 24 months before the end of the fiscal period 5910 \$ 13,414,375

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 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

G3 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

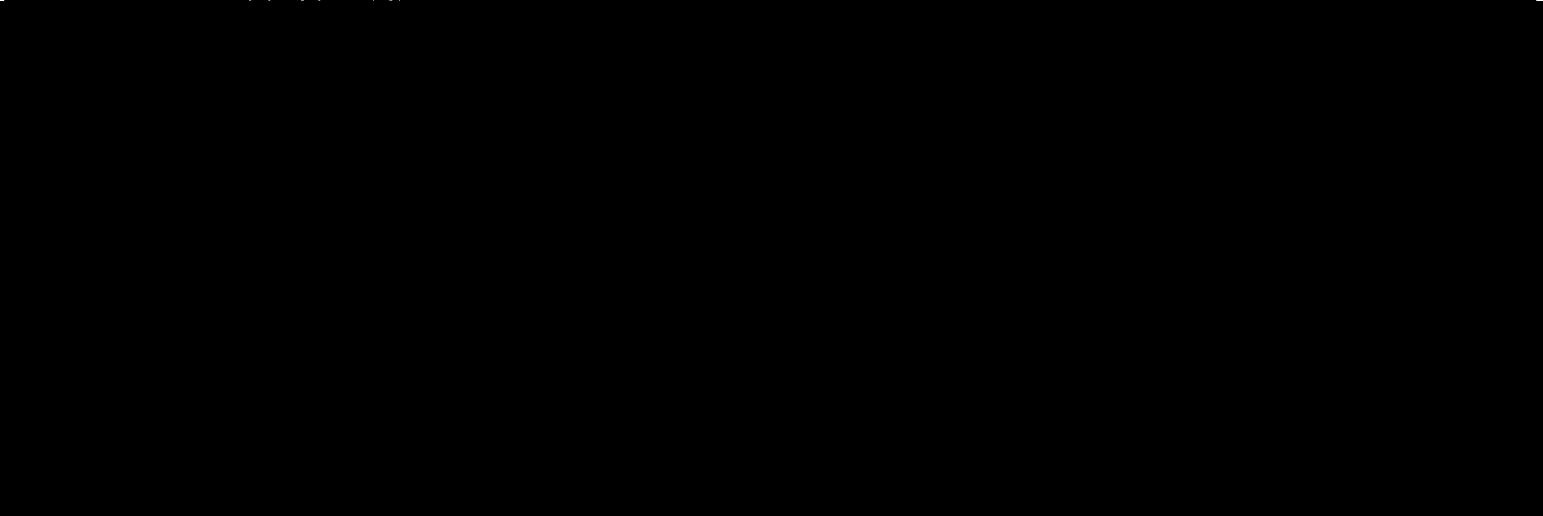
H1 To be completed by a director/trustee or like official of the charity. It is a serious offence under the *Income Tax Act* to provide false or deceptive information.

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 _____ Date signed 2007/04/11

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 a province or territory and postal code), position in the charity, whether or not the telephone number, whether or not they are at arm's length from all other memt 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:	First name:	Initial:			
Kerfoot	Greg				
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Director	Arm's length:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last name:	First name:	Initial:			
Kerfoot	Lisa				
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Director	Arm's length:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last name:	First name:	Initial:			
Hancock	Sandra				
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Director	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:
Director	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:
Director	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:
Director	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:
Director	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:
Director	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:
Director	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:
Director	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:	() -	



Qualified Donees Worksheet

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

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Name of qualified donee: Collingwood School Society	Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location: West Vancouver, BC	
BN/registration number: 10778 4339 RR 0001	Total amount of gifts: 5,000 Amount of specified gifts: 0
Name of qualified donee:	Associated charity <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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