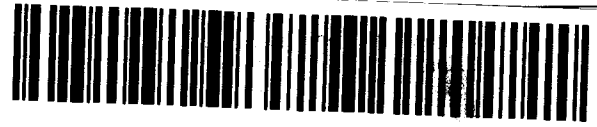


RxL288



REGISTERED CHARITY INFORMATION RETURN

22 2012-01-31 892420746 RR 0001 10 177

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: Howe Sound Samaritans Foundation
2. Return for fiscal period ending: 2012/01/31
3. BN/registration number: 89242 0746 RR 0001
4. Web address (if applicable):

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

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

Section B: Directors/trustees and like officials

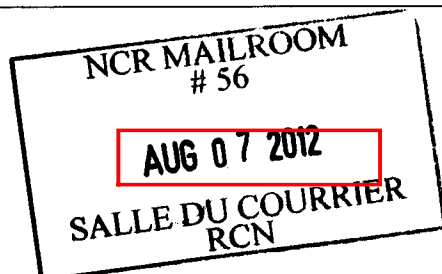
B1 The charity is required to provide certain information for all members of its board of directors/trustees for the complete fiscal period. Only the public information section on the worksheet is available to the public.

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 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 funds and make gifts to Qualified Donees
New programs:



Registered charities may make gifts to qualified donees. Qualified donees are other registered Canadian charities, as well as certain other organizations described in the *Income Tax Act*.

- C3** Did the charity make gifts or transfer funds to qualified donees or other organizations?  2000 Yes  No  
If **yes**, you must complete and attach Form T1236, *Qualified Donees Worksheet/Amounts Provided to Other Organizations*, to your return.
- C4** Did the charity carry on, fund, or provide any resources through employees, volunteers, agents, joint ventures, contractors, or any other individuals, intermediaries, entities, or means (other than qualified donees) for any activity/program/project outside Canada?  2100 Yes  No  
If **yes**, you must complete and attach Schedule 2, *Activities Outside Canada*, to your return.

A registered charity may pursue political activities to retain, oppose, or change the law, policy, or decision of any level of government inside or outside Canada provided the activities are non-partisan, related to its charitable purposes, and limited in extent.

- C5** (a) Did the charity carry on any political activities during the fiscal period?  2400 Yes  No  
(b) Enter the total amount spent by the charity on these activities
- C6** If the charity carried on fundraising activities or engaged third parties to carry on fundraising activities on its behalf, tick all fundraising methods that it used during the fiscal period.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 2500 Advertisements/print/radio/TV commercials | <input type="checkbox"/> 2570 Fundraising sales (e.g., cookies)         | <input type="checkbox"/> 2620 Telephone/TV solicitations |
| <input type="checkbox"/> 2510 Auctions                                  | <input type="checkbox"/> 2575 Internet                                  | <input type="checkbox"/> 2630 Tournament/sporting events |
| <input type="checkbox"/> 2530 Collection plate/boxes                    | <input type="checkbox"/> 2580 Mail campaigns                            | <input type="checkbox"/> 2640 Cause-related marketing    |
| <input type="checkbox"/> 2540 Door-to-door solicitation                 | <input type="checkbox"/> 2590 Planned-giving programs                   | <input type="checkbox"/> 2650 Other                      |
| <input type="checkbox"/> 2550 Draws/lotteries                           | <input type="checkbox"/> 2600 Targeted corporate donations/sponsorships | <input type="checkbox"/> 2660 Specify: _____             |
| <input type="checkbox"/> 2560 Fundraising dinners/galas/concerts        | <input type="checkbox"/> 2610 Targeted contacts                         |  |

- C7** Did the charity pay external fundraisers?  2700 Yes  No

If **yes**, you must complete the following lines, and complete and attach Schedule 4, *Confidential Data*, 1. Information about Fundraisers.

- (a) Enter the gross revenue collected by the fundraisers on behalf of the charity.
- (b) Enter the amounts paid to and/or retained by the fundraisers.
- (c) Identify the method of payment to the fundraiser:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 2730 Commissions    | <input type="checkbox"/> 2750 Finder's fees        | <input type="checkbox"/> 2770 Honoraria |
| <input type="checkbox"/> 2740 Bonuses        | <input type="checkbox"/> 2760 Set fee for services | <input type="checkbox"/> 2780 Other     |
| <input type="checkbox"/> 2790 Specify: _____ |  |   |

- (d) Did the fundraiser issue tax receipts on behalf of the charity?  2800 Yes  No

- C8** Did the charity compensate any of its directors/trustees or like officials or persons not at arm's length from the charity for services provided during the fiscal period (other than reimbursement for out-of-pocket expenses)?  3200 Yes  No

- C9** Did the charity incur any expenses for compensation of employees during the fiscal period?  3400 Yes  No  
If **yes**, you must complete and attach Schedule 3, *Compensation*, to your return.

- C10** Did the charity receive any donations or gifts of any kind valued at \$10,000 or more from any donor that was **not** resident in Canada and was **not** any of the following:  3900 Yes  No
- A Canadian citizen, nor
  - Employed in Canada, nor
  - Carrying on a business in Canada, nor
  - A person having disposed of taxable Canadian property?
- If **yes**, you must complete and attach Schedule 4, *Confidential Data*, 2. Information about Donors Not Resident in Canada, for each donation of \$10,000 or more.

- C11** Did the charity receive any non-cash gifts (gifts-in-kind) for which it issued tax receipts?  4000 Yes  No  
If **yes**, you must complete and attach Schedule 5, *Non-Cash Gifts* to your return.

- C12** Did the charity acquire a non-qualifying security?  5800 Yes  No

- C13** Did the charity allow a donor to use any of the charity's property during the fiscal period? (except for permissible uses)  5810 Yes  No

- C14** Did the charity issue any of its tax receipts for donations on behalf of another organization?  5820 Yes  No

## 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 \$ 20,464

**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 \$ 750

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 \$ 88

**Total expenditures (excluding gifts to qualified donees) (Add lines 4860, 4810, and 4920)** 4950 \$ 838

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 \$ 838

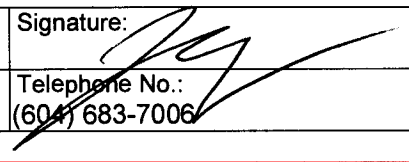
Total amount of gifts made to all qualified donees 5050 \$ 0

**Total expenditures (Add lines 4950 and 5050)** 5100 \$ 838

## Section E: Certification

This return must be signed by a director/trustee or like official of the registered charity who has authority to sign on behalf 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 attachment is, to the best of my knowledge, correct, complete, and current.

Name (please print): John Bromley	Signature: 	
Position in charity: Director	Date: 2012/06/22	Telephone No.: (604) 683-7006

## Section F: Confidential Data

**F1** Provide the physical address of the charity and the address in Canada for the charity's books and records.  
Post office box numbers and rural routes are not sufficient.

	Physical address of the charity	Address for the charity's books and records
Number, street, apt. no., or lot and concession no.	1250 - 1500 West Georgia St, 62	1250 - 1500 West Georgia St, 62
City	Vancouver	Vancouver
Province or territory and postal code	BC V6G 2Z6	BC V6G 2Z6

**F2** Name and address of individual who completed this return.

Name: Leslie Brandlmayr	
Firm name (if applicable): Benefic Group	
Number, street, apt. no., R.R. no., or P.O. box no.: 1250 - 1500 West Georgia St, 62	
City, province or territory, and postal code: Vancouver BC V6G 2Z6	
Telephone No.: (604) 683-7006	Is this the same individual who certified in section E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## T3010, Registered Charity Information Return, checklist

- Have you confirmed that all charity information included in the Form TF725, *Registered Charity Basic Information Sheet* (BIS) is correct?
  - Some changes can be made **directly** on the BIS.
- Have you attached Form TF725, *Registered Charity Basic Information sheet* (BIS)?
- Has the charity made any amendments to its governing documents during the fiscal period?
  - If **yes**, have you sent us an official copy of the amended governing documents in a separate envelope?
- Have you completed Schedule 1, *Foundations*, if required?
- Have you attached Form T1235, *Directors/Trustees and Like Officials Worksheet*?
- Have you attached Form T1236, *Qualified Donees Worksheet/Amounts Provided to Other Organizations*, if required?
- Have you completed Schedule 2, *Activities Outside Canada*, if required?
- Have you completed Schedule 3, *Compensation*, if required?
- Have you completed Schedule 4, *Confidential Data*, if required?
- Have you completed Schedule 5, *Non-Cash Gifts*, if required?
- Have you completed Schedule 6, *Detailed Financial Information*, if required?
- Have you attached a copy of the charity's financial statements?

- 1 Did the foundation acquire control of a corporation in the fiscal period? 100  Yes  No
- 2 Did the foundation incur any debts at any time during the fiscal period other than for current operating expenses, purchasing or selling investments, or in administering charitable programs? 110  Yes  No

**For private foundations only:**

- 3 At any time during the fiscal period, did the foundation hold any shares, rights to acquire shares, or debts owing to it that meet the definition of a non-qualified investment? 120  Yes  No
- 4 Did the foundation own more than 2% of any class of shares of a corporation at any time during this fiscal period? 130  Yes  No

If yes, you must complete and attach *Form T2081, Excess Corporate Holdings Worksheet*, to your return.  
 (Note: Only private foundations will have this worksheet included in their return package.)

For more information about carrying on programs outside Canada see the Charities Directorate website at [www.cra.gc.ca/charities](http://www.cra.gc.ca/charities)

- 1 What were total expenditures on activities/programs/projects carried on outside Canada during the fiscal period, excluding gifts to qualified donees? 200 \$
- 2 Were any of the charity's resources provided for programs outside Canada under any kind of an arrangement including a contract, agency agreement, or joint venture to any other individual or entity (excluding gifts to qualified donees)? 210  Yes  No

If yes, enter the amounts of the total reported on line 200 transferred to these individuals/organizations as required in the following table.

Name of individual/organization	Using the list on the reverse, identify country code where activities were carried on.	Amount (\$) Show amounts to the nearest single dollar.

- 3 Using the list on the reverse, identify the countries where the charity itself carried on programs or provided any of its resources. Enter the appropriate country codes in the following spaces.

--	--	--	--

- 4 Are any projects undertaken outside Canada funded by the Canadian International Development Agency (CIDA)? 220  Yes  No

If yes, what was the total amount of funds expended under this arrangement? 230 \$

- 5 Were any programs carried on outside Canada carried out by employees of the charity? 240  Yes  No
- 6 Were any programs carried on outside Canada carried out by volunteers of the charity? 250  Yes  No
- 7 Is the charity exporting goods as part of its charitable programs? 260  Yes  No

If yes, list the items being exported, their value, their destination (city/region) and country code.

Item	Value	Destination (city/region)	Country code

COUNTRY CODES

**Americas-Central and South**

AR-Argentina  
BO-Bolivia  
BR-Brazil  
CL-Chile  
CO-Columbia  
CR-Costa Rica  
CU-Cuba  
DO-Dominican Republic  
EC-Ecuador  
SV-El Salvador  
GT-Guatemala  
GY-Guyana  
HT-Haiti  
HN-Honduras  
JM-Jamaica  
MX-Mexico  
NI-Nicaragua  
PA-Panama  
PE-Peru  
UY-Uruguay  
VE-Venezuela  
QM-Other

**Americas-North**

US-United States of America  
QN-Other

**Middle East**

IR-Iran  
IQ-Iraq

IL-Israel  
PS-Israeli Occupied Territories  
JO-Jordan  
KW-Kuwait  
LB-Lebanon  
OM-Oman  
QA-Qatar  
SA-Saudi Arabia  
SY-Syrian Arab Republic  
YE-Yemen  
QO-Other

**Europe**

AL-Albania  
AM-Armenia  
BA-Bosnia and Herzegovina  
BY-Belarus  
BG-Bulgaria  
DK-Denmark  
ES-Spain  
FR-France  
GE-Georgia  
DE-Germany  
GB-United Kingdom  
HR-Croatia  
IT-Italy  
CY-Cyprus  
MK-Macedonia  
ME-Montenegro  
NL-Netherlands  
PL-Poland  
RO-Romania

RU-Russia  
RS-Serbia  
TR-Turkey  
UA-Ukraine  
QP-Other

**Asia and Oceania**

AF-Afghanistan  
AZ-Azerbaijan  
BD-Bangladesh  
BT-Bhutan  
KH-Cambodia  
CN-China  
IN-India  
ID-Indonesia  
KZ-Kazakhstan  
KG-Kyrgyzstan  
LA-Laos  
LK-Sri Lanka  
MY-Malaysia  
MN-Mongolia  
MM-Myanmar (Burma)  
KP-North Korea  
KR-South Korea  
PK-Pakistan  
PH-Philippines  
SG-Singapore  
TH-Thailand  
TJ-Tajikistan  
TL-Timor-Leste  
UZ-Uzbekistan  
VN-Vietnam  
QR-Other

**Africa**

DZ-Algeria  
AO-Angola  
BW-Botswana  
CM-Cameroon  
CF-Central African Republic  
TD-Chad  
CG-Republic of Congo  
CD-Democratic Republic of Congo  
EG-Egypt  
ET-Ethiopia  
GA-Gabon  
GM-Gambia  
GH-Ghana  
NA-Namibia  
KE-Kenya  
LR-Liberia  
MG-Madagascar  
NE-Niger  
NG-Nigeria  
RW-Rwanda  
SL-Sierra Leone  
SO-Somalia  
SD-Sudan  
UG-Uganda  
ZM-Zambia  
ZW-Zimbabwe  
QS-Other

**Compensation**

**Schedule 3**

- 1** (a) Enter the **number** of permanent, full-time, compensated positions in the fiscal period. This number should represent the number of positions the charity had including both managerial positions and others, and should not include independent contractors. 300
- (b) For the **ten (10)** highest compensated, permanent, full-time positions enter the **number** falling within each of the following annual compensation categories.
- |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|
| <b>305</b> \$1 – \$39,999        | <b>310</b> \$40,000 – \$79,999   | <b>315</b> \$80,000 – \$119,999  |
| <b>320</b> \$120,000 – \$159,999 | <b>325</b> \$160,000 – \$199,999 | <b>330</b> \$200,000 – \$249,999 |
| <b>335</b> \$250,000 – \$299,999 | <b>340</b> \$300,000 – \$349,999 | <b>345</b> \$350,000 and over    |
- 2** (a) Enter the **number** of part-time or part-year (for example, seasonal) employees the charity employed during the fiscal period. 370
- (b) What was the total expenditure on compensation for part-time or part-year employees in the fiscal period? 380\$
- 3** What was the charity's total expenditure on all compensation in the fiscal period? 390\$

The information in this confidential data schedule is for the CRA's use but may be shared as permitted by law (e.g. with certain other government departments and agencies).

**1. Information about Fundraisers**

Please provide the name(s) and arm's length status of external fundraiser(s).

Name	At arm's length? Yes/No

**2. Information about Donors Not Resident in Canada**

Complete this schedule to report any donation of \$10,000 or more received from any donor that was **not** resident in Canada and was **not** any of the following:

- A Canadian citizen, nor
- Employed in Canada, nor
- Carrying on business in Canada, nor
- A person having disposed of taxable Canadian property

Provide the name of the donor and the value of the donation in the chart below. You must also indicate whether the donor was an organization (for example a business, corporate entity, charity, non-profit organization), a government or an individual by placing a check mark in the appropriate box.

Name	Amount	Organization	Government	Individual
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Non-Cash Gifts**

**Schedule 5**

**1** Identify all types of non-cash gifts (gifts-in-kind) received for which a tax-receipt was issued:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 500 Artwork/wine/jewellery  | <input type="checkbox"/> 525 Ecological properties                                  | <input type="checkbox"/> 550 Publicly traded securities/mutual funds |
| <input type="checkbox"/> 505 Building materials      | <input type="checkbox"/> 530 Life insurance policies                                | <input type="checkbox"/> 555 Books (literature, comics)              |
| <input type="checkbox"/> 510 Clothing/furniture/food | <input type="checkbox"/> 535 Medical equipment/supplies                             | <input type="checkbox"/> 560 Other                                   |
| <input type="checkbox"/> 515 Vehicles                | <input type="checkbox"/> 540 Privately-held securities                              | <input type="checkbox"/> 565 Specify: _____                          |
| <input type="checkbox"/> 520 Cultural properties     | <input type="checkbox"/> 545 Machinery/equipment (including computers and software) |  |

**2** Indicate the total eligible amount of tax receipted non-cash gifts **580**\$

Was the financial information reported below prepared on an accrual or cash basis?

4020  Accrual  Cash

Statement of financial position

Show figures to the nearest single dollar.

Assets:

Cash, bank accounts, and short-term investments	4100\$
Amounts receivable from non-arm's length parties	4110\$
Amounts receivable from all others	4120\$
Investments in non-arm's length parties	4130\$
Long-term investments	4140\$
Inventories	4150\$
Land and buildings in Canada	4155\$
Other capital assets in Canada	4160\$
Capital assets outside Canada	4165\$
Accumulated amortization of capital assets	4166\$
Other assets	4170\$
10 year gifts	4180\$
<b>Total assets (add lines 4100 to 4170)</b>	<b>4200\$</b>

Liabilities:

Accounts payable and accrued liabilities	4300\$
Deferred revenue	4310\$
Amounts owing to non-arm's length parties	4320\$
Other liabilities	4330\$
<b>Total liabilities (add lines 4300 to 4330)</b>	<b>4350\$</b>

Amount included in lines 4150, 4155, 4160, 4165 and 4170 not used in charitable programs

4250\$
--------

Statement of operations

Revenue:

Total eligible amount of all gifts for which the charity issued tax receipts	4500\$
Total eligible amount of tax-receipted tuition fees	5610\$
Total amount of 10 year gifts received	4505\$
Total amount received from other registered charities	4510\$
Total other gifts received for which a tax receipt was not issued by the charity	4530\$
Total revenue received from federal government	4540\$
Total revenue received from provincial/territorial governments	4550\$
Total revenue received from municipal/regional governments	4560\$
Total revenue received from all sources outside Canada	4575\$
Total interest and investment income received or earned	4580\$
<b>Gross proceeds</b> from disposition of assets	<b>4590\$</b>
<b>Net proceeds</b> from disposition of assets (show a negative amount with brackets)	<b>4600\$</b>
Gross income received from rental of land and/or buildings	4610\$
Non tax-receipted revenues received for memberships, dues, and association fees	4620\$
Total non tax-receipted revenue from fundraising	4630\$
Total revenue from sale of goods and services (except to government)	4640\$
Other revenue not already included in the amounts above	4650\$
Specify type(s) of revenue included in the amount reported at 4650 (e.g., dividends)	4655
<b>Total revenue (add lines 4500, 4510 to 4580, and 4600 to 4650)</b>	<b>4700\$</b>

Expenditures:

Advertising and promotion	4800\$
Travel and vehicle expenses	4810\$
Interest and bank charges	4820\$
Licences, memberships, and dues	4830\$
Office supplies and expenses	4840\$
Occupancy costs	4850\$
Professional and consulting fees	4860\$
Education and training for staff and volunteers	4870\$
Total expenditure on all compensation (enter the amount reported at line 390 in Schedule 3 if applicable)	4880\$
Fair market value of all donated goods used in charitable programs	4890\$
Total cost of all purchased supplies and assets	4891\$



Amortization of capitalized assets	4900	\$
Total expenditure for research grants and scholarships as part of charitable programs	4910	\$
Other expenditures not included in the amounts above (excluding gifts to qualified donees)	4920	\$
Specify type(s) of expenditures included in the amount reported at 4920	4930	
Total expenditures before gifts to qualified donees (add lines 4800 to 4920)	4950	\$

Lines 5000 to 5040 represent a breakdown of the expenditures on lines 4800 to 4920. The total of lines 5000 to 5040 should equal line 4950.

Total expenditures on charitable programs	5000	\$
Total expenditures on management and administration	5010	\$
Total expenditures on fundraising	5020	\$
Total expenditures on political activities, inside or outside Canada	5030	\$
Total other expenditures included in line 4950	5040	\$
Total amount of gifts made to all qualified donees	5050	\$
Total expenditures (add amounts from line 4950 and 5050)	5100	\$

#### Other financial information

##### Permission to accumulate property:

Only registered charities that have written permission to accumulate should complete this section.

• Enter the amount accumulated for the fiscal period, including income earned on accumulated funds	5500	\$	0
• Enter the amount disbursed for the fiscal period for the specified purpose we have permitted	5510	\$	0

##### Permission to reduce disbursement quota:

If the charity has received approval from the Charities Directorate to make a reduction to its disbursement quota, enter the amount for the fiscal period

5750 \$ 0

##### Property not used in charitable activities

Enter the value of property not used for charitable activities or administration during:

• The 24 months before the beginning of the fiscal period	5900	\$
• The 24 months before the end of the fiscal period	5910	\$



**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 agencies) for an explanation of terms used.

22 2012-01-31 892420746 RR 0001 1084177

the form

Total Number of Directors/Trustees and Like Officials:

Public information			Confidential Data		
Last name: <b>Bromley</b>	First name: <b>Blake</b>	Initial:	Home address – Street number and name: <b>2791 Waterloo Street</b>		
Director/Trustee/Like Officials Term ▶ Start Date: <b>2000/11/15</b>	End Date:		City: <b>Vancouver</b>	Prov/Terr: <b>BC</b>	Postal code: <b>V6R 3J1</b>
Position: <b>Director</b>	At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Telephone number: <b>(604) 683-7033</b>	Date of Birth (mandatory for identification): <b>1951/01/24</b>	
Last name: <b>Brandmayr</b>	First name: <b>Leslie</b>	Initial: <b>H.</b>	Home address – Street number and name: <b>5012 Watling Street</b>		
Director/Trustee/Like Officials Term ▶ Start Date: <b>2000/11/15</b>	End Date:		City: <b>Burnaby</b>	Prov/Terr: <b>BC</b>	Postal code: <b>V5J 1W7</b>
Position: <b>Director</b>	At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Telephone number: <b>(604) 438-9994</b>	Date of Birth (mandatory for identification): <b>1954/12/06</b>	
Last name: <b>Bromley</b>	First name: <b>John</b>	Initial:	Home address – Street number and name: <b>89 East 26th Avenue</b>		
Director/Trustee/Like Officials Term ▶ Start Date: <b>2007/11/15</b>	End Date:		City: <b>Vancouver</b>	Prov/Terr: <b>BC</b>	Postal code: <b>V5V 2G6</b>
Position: <b>Director</b>	At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Telephone number: <b>(604) 683-7006</b>	Date of Birth (mandatory for identification): <b>1978/01/30</b>	
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):	
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Director/Trustee/Like Officials Term ▶ Start Date:	End Date:		City:	Prov/Terr:	Postal code:
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