

3036588

- An authorized person may use this form to request changes to the information filed on either Form T3010 or Form T3010A, *Registered Charity Information Return*, and/or the *Registered Charity Basic Information* sheet. Section A can also be used to change the charity's address at any time.
- Changes to the public information on this form will be available to the public.
- Note that this form cannot be used to change the name, designation, or fiscal period end of the charity. Refer to our publication called RC4108, *Registered Charities and the Income Tax Act*, for details on how to amend this information or call us at 1-800-267-2384 (English) or 1-888-892-5667 (bilingual).
- See the back for information on how to complete this form.
- Mail or fax us the completed form. The address and fax number are on the back of this form.

**Section A – Identification**

Name of charity Elysium Foundation	BN/registration number 84790 0610 RR 0001
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**Section B – Change of Address**

Address	Effective date of new address yyyy/mm/dd
City	Province or territory BC
	Postal code

**Section C – T3010 or T3010A, Adjustment Details**

Using information from the charity's information return and/or summary, list the details of the requested changes you want to make below. If a change affects more than one section of the return, note the changes for each area on this form. See the back of this form for examples of how to complete this section.

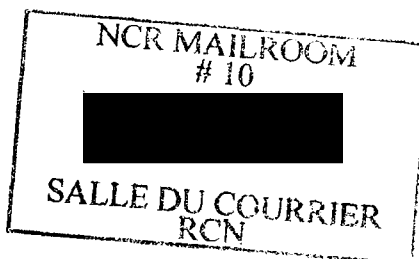
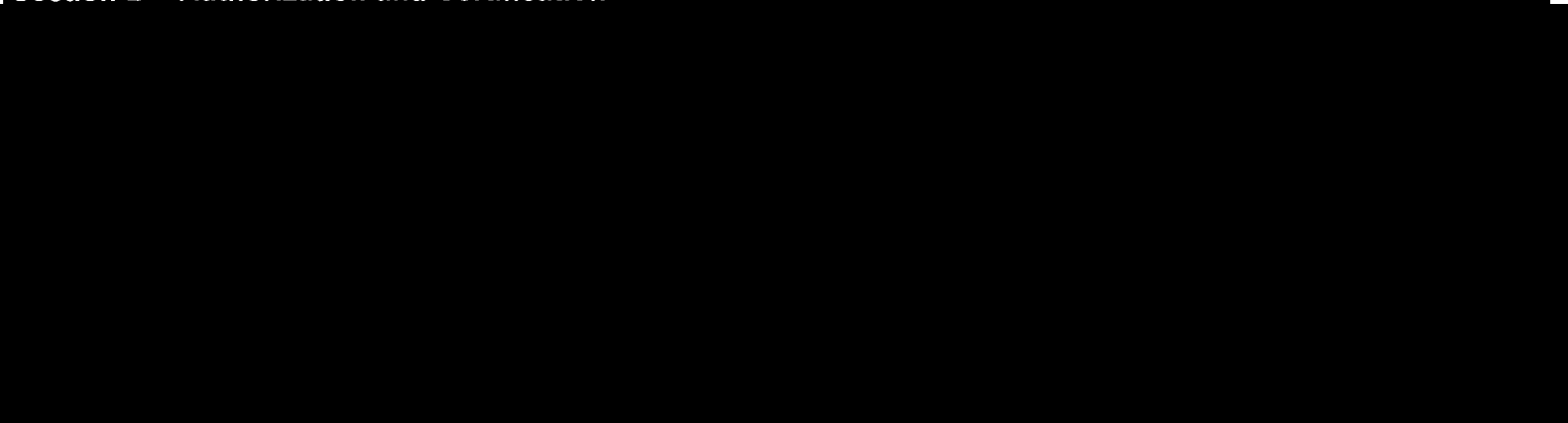
Indicate fiscal period end of adjustment request 2010/04/30

Line number from return	Details of the original information or amount	Details of the new information or amount
4120	26,231,313	21,135,884
4510	20,371,059	17,910,278
4580	3,547,273	912,625
4200	26,256,788	21,161,359
4700	26,306,553	21,224,480
5910	13,128,394	10,580,680

**Other details or explanations**

Interest rate on Promissory Note receivable was reduced from 20% to 5% pursuant to CRA auditor request so asset valuation, interest income, donation of debt in and average FMV of asset were all reduced accordingly  
Revised financial statements are also attached

**Section D – Authorization and Certification**



**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): <b>SCOTT COUSEN</b>	
Position in charity: Director	Date: 2010/11/21

**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.		
City		
Province or territory and postal code		

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

Name:

**T3010B 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?
- If any changes are required to any of the information displayed on the BIS, make the changes **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(09), *Directors/Trustees and Like Officials Worksheet*?
- Have you attached Form T1236(09), *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?



**REGISTERED CHARITY INFORMATION RETURN**

**Section A: Identification**

21 2010-04-30 847900610 RR 0001 3036588

- Guide T4033B, *Completing the Registered Charity Information Return* is available at [www.cra.gc.ca/E/pub/tg/t4033b/README.html](http://www.cra.gc.ca/E/pub/tg/t4033b/README.html)
- 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. All of the information collected on this form may be shared as permitted by law (e.g. with certain other government departments and agencies).

**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:

2. Return for fiscal period ending:

3. BN/registration number:

4. Web address (if applicable)

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

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

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

(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. The **confidential data** section is for the CRA's use but may be shared as permitted by law (e.g. with certain other government departments and agencies). Use Form T1235(09), *Directors/Trustees and Like Officials Worksheet*, or include your own sheet with the same information. Charities subject to the Ontario *Corporations Act* may complete a blended worksheet. See *Key Terms and Definitions* included with the return package for further information.

**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. "Programs" includes all of the charitable work the charity carries out on its own through employees or volunteers as well as through qualified donees and intermediaries. The charity may also use this space to describe the contributions of its volunteers in carrying out its programs (e.g. number of volunteers and/or hours). Grant-making charities should describe the types of organizations they support. Please note that "programs" **does not** include fundraising activities. **Do not attach additional sheets of paper or annual reports.**

Ongoing programs:

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(09), *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 **5030**\$

**C6** If the charity carried on fundraising activities or engaged third parties to carry on fundraising activities on its behalf, check all fundraising methods that it used during the fiscal period.

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

**C7** Did the charity pay external fundraisers? **2700**  Yes  No  
 If **yes**, you must answer the following questions and complete Question 1 – Information about Fundraisers on Schedule 4 – *Confidential Data*.

(a) Enter the gross revenue collected by the fundraisers on behalf of the charity. **5450**\$

(b) Enter the amounts paid to and/or retained by the fundraisers. **5460**\$

(c) Identify the method of payment to the fundraiser:

- |  |   |  |
|--|---|--|
| <b>2730</b> <input type="checkbox"/> Commissions | <b>2750</b> <input type="checkbox"/> Finder's fees        | <b>2770</b> <input type="checkbox"/> Honoraria |
| <b>2740</b> <input type="checkbox"/> Bonuses     | <b>2760</b> <input type="checkbox"/> Set fee for services | <b>2780</b> <input type="checkbox"/> Other     |
|  |   | <b>2790</b> 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 Question 2 – Information about Donors Not Resident in Canada on Schedule 4 – *Confidential Data* for each donation of \$10,000 or more. See *Key Terms and Definitions* for more information.

**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 assets (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.
- d) The charity has spent or transferred enduring property during this fiscal period.

**See Key Terms and Definitions for a definition of terms used.**

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** \$ \_\_\_\_\_

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 (except enduring property) **4500** \$ \_\_\_\_\_ 0

Total amount received from other charities (excluding specified gifts and enduring property) **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 through 4650) **4700** \$ \_\_\_\_\_ 0

**D4 Expenditures:**

What was the charity's total expenditure on professional and consulting fees? **4860** \$ \_\_\_\_\_

What was the charity's total expenditure on travel and vehicles? **4810** \$ \_\_\_\_\_

All other expenditures not already included in the amounts above **4920** \$ \_\_\_\_\_

Total expenditures (excluding gifts to qualified donees) (Add lines 4860+4810+4920) **4950** \$ \_\_\_\_\_

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** \$ \_\_\_\_\_

Total amount of gifts (excluding specified gifts) made to all qualified donees **5050** \$ \_\_\_\_\_ 0

Total amount of specified gifts made to qualified donees **5070** \$ \_\_\_\_\_

Total expenditures (Add lines 4950 and 5050 + 5070) **5100** \$ \_\_\_\_\_ 0

**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): SCOTT COUSEN	
Position in charity: Director	Date: 2010/11/21

**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.		
City		
Province or territory and postal code		

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

Name:

**T3010B 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?
- If any changes are required to any of the information displayed on the BIS, make the changes **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(09), *Directors/Trustees and Like Officials Worksheet*?
- Have you attached Form T1236(09), *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?

**Foundations**

**Schedule 1**

- 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.)

**Activities Outside Canada**

**Schedule 2**

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 (\$) Please 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.

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- 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? **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

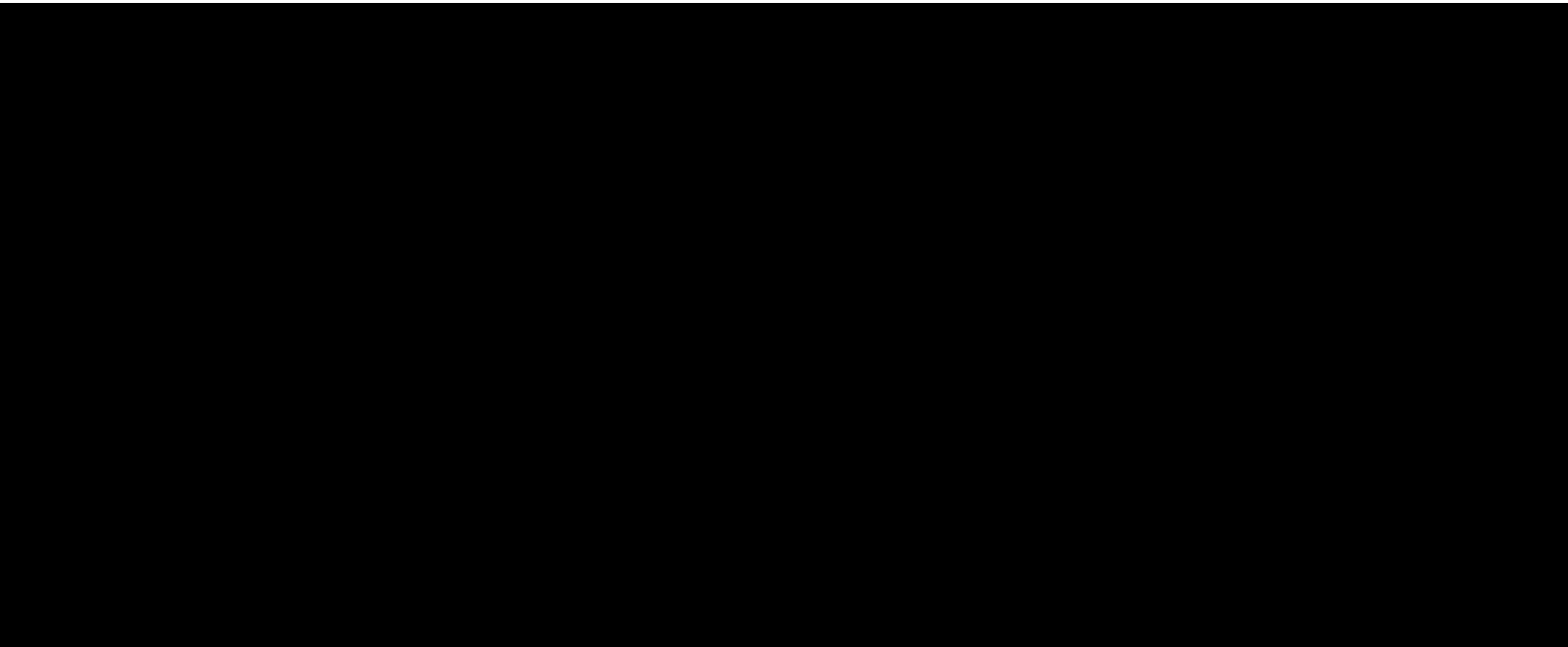
**2** (a) Enter the **number** of part-time or part-year (for example, seasonal) employees the charity employed during the fiscal period **370**

(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).



Non-Cash Gifts

Schedule 5

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

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

2 Indicate the total eligible amount of tax receipted non-cash gifts  580 \$ 534,600

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

4020  Accrual  Cash

Statement of financial position

Please show figures to the nearest single dollar. See the Key Terms and Definitions for a definition of the terms used.

Assets:

Cash, bank accounts, and short-term investments	4100	\$	25,475
Amounts receivable from non-arm's length parties	4110	\$	
Amounts receivable from all others	4120	\$	26,231,313
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	\$	
<b>Total assets (add lines 4100 to 4170)</b>	<b>4200</b>	<b>\$</b>	<b>26,256,788</b>

Liabilities:

Accounts payable and accrued liabilities	4300	\$	11,571
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>	<b>\$</b>	<b>11,571</b>

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

4250	\$	
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Statement of operations

Revenue:

Total eligible amount of all gifts for which the charity issued tax receipts	4500	\$	2,401,577
For all tax-receipted gifts received during the fiscal period please provide:			
Total eligible amount of tax-receipted tuition fees	5610	\$	
Total eligible amount of tax-receipted enduring property	5640	\$	
Total amount received from other registered charities (excluding specified gifts and enduring property)	4510	\$	20,371,059
Total specified gifts from other registered charities	4520	\$	
Total enduring property from other registered charities	4525	\$	
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	\$	3,547,273
Gross proceeds from disposition of assets	4590	\$	521,000
Net proceeds from disposition of assets (show a negative amount with brackets)	4600	\$	(13,356)
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 line 4500, 4510 to 4580, and 4600 to 4650)</b>	<b>4700</b>	<b>\$</b>	<b>26,306,553</b>

Expenditures:

Advertising and promotion	4800	\$	
Travel and vehicle expenses	4810	\$	
Interest and bank charges	4820	\$	30
Licences, memberships, and dues	4830	\$	
Office supplies and expenses	4840	\$	
Occupancy costs	4850	\$	
Professional and consulting fees	4860	\$	318
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 good 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

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 \$ 348

Lines 5000 to 5030 represent a breakdown of the expenditures on lines 4800 to 4920. The total of lines 5000 to 5030 should equal line 4950.

Total expenditures on charitable programs

5000 \$ \_\_\_\_\_

Total expenditures on management and administration

5010 \$ 348

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 (excluding enduring property and specified gifts) made to all qualified donees

5050 \$ 50,000

Total amount of enduring property transferred to qualified donees (excluding specified gifts of enduring property)

5060 \$ \_\_\_\_\_

Total amount of specified gifts made to qualified donees (including specified gifts of enduring property)

5070 \$ \_\_\_\_\_

Total expenditures (add amount from line 4950 and the amounts from lines 5050, 5060, and 5070)

5100 \$ 50,348

**Other financial information**

**Permission to accumulate property:** Only registered charities that have written permission to accumulate should complete this question.

• 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

• Enter the amount deemed to be a tax-receipted gift for the fiscal period

5520 \$ 0

**Enduring property and the capital gains pool**

From the amount reported at line 4950, what is the fair market value of all enduring property spent during the fiscal period?

5710 \$ \_\_\_\_\_

Enter the capital gains from the disposition of enduring property in the fiscal period. Do not enter an amount reflecting a capital loss or a negative amount in this field.

5720 \$ \_\_\_\_\_

Is the charity claiming an amount that is less than the maximum capital gains reduction?

5730  Yes  No

If yes, enter the amount from line 11 of Form T1259, *Capital Gains and Disbursement Quota Worksheet*

5740 \$ \_\_\_\_\_

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

5750 \$ 0

**Property not used in charitable activities**

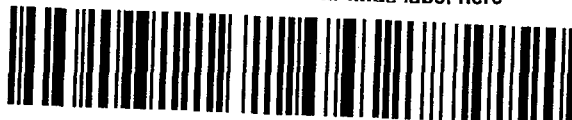
Enter the value of property not used for charitable activities or administration during:

• The 24 months before the beginning of the fiscal period

5900 \$ \_\_\_\_\_

• The 24 months before the end of the fiscal period

5910 \$ 13,128,394



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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 g for an explanation of terms used.

Total Number of Directors/Trustees and Like Officials:

Public information			Confidential Data		
Last name: <b>Cousens</b>	First name: <b>Scott</b>	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2008/06/25</u> End Date: _____					
Position: <b>Director</b> At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Last name: <b>Cousens</b>	First name: <b>Monica</b>	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2008/06/25</u> End Date: _____					
Position: <b>Director</b> At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Last name: <b>Cousens</b>	First name: <b>Caleb</b>	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2008/06/25</u> End Date: _____					
Position: <b>Director</b> At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Last name: <b>Cousens</b>	First name: <b>Niall</b>	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2010/03/22</u> End Date: _____					
Position: <b>Director</b> At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input checked="" 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):		



Qualified Donees Worksheet / Amounts Provided to Other

Registered charities may make gifts to qualified donees. Provide the required information for ea See the reverse for explanations of the terms used.

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Total number of Qualified Donees/Other Organizations: 1

Name of organization: <b>Right To Play</b>		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/registration number: <b>88880 4218 RR 0001</b>	City and Prov/Terr: <b>Toronto ON</b>		
Amount of enduring property: \$ <b>0</b>	Amount of specified gifts: \$ <b>0</b>		
Amount of gifts-in-kind: \$ <b>0</b>	Total amount of gifts: \$ <b>50,000</b>		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/registration number: <b>R</b>	City and Prov/Terr:		
Amount of enduring property: \$ <b>0</b>	Amount of specified gifts: \$ <b>0</b>		
Amount of gifts-in-kind: \$ <b>0</b>	Total amount of gifts: \$ <b>0</b>		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/registration number: <b>R</b>	City and Prov/Terr:		
Amount of enduring property: \$ <b>0</b>	Amount of specified gifts: \$ <b>0</b>		
Amount of gifts-in-kind: \$ <b>0</b>	Total amount of gifts: \$ <b>0</b>		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/registration number: <b>R</b>	City and Prov/Terr:		
Amount of enduring property: \$ <b>0</b>	Amount of specified gifts: \$ <b>0</b>		
Amount of gifts-in-kind: \$ <b>0</b>	Total amount of gifts: \$ <b>0</b>		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/registration number: <b>R</b>	City and Prov/Terr:		
Amount of enduring property: \$ <b>0</b>	Amount of specified gifts: \$ <b>0</b>		
Amount of gifts-in-kind: \$ <b>0</b>	Total amount of gifts: \$ <b>0</b>		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/registration number: <b>R</b>	City and Prov/Terr:		
Amount of enduring property: \$ <b>0</b>	Amount of specified gifts: \$ <b>0</b>		
Amount of gifts-in-kind: \$ <b>0</b>	Total amount of gifts: \$ <b>0</b>		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/registration number: <b>R</b>	City and Prov/Terr:		
Amount of enduring property: \$ <b>0</b>	Amount of specified gifts: \$ <b>0</b>		
Amount of gifts-in-kind: \$ <b>0</b>	Total amount of gifts: \$ <b>0</b>		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/registration number: <b>R</b>	City and Prov/Terr:		
Amount of enduring property: \$ <b>0</b>	Amount of specified gifts: \$ <b>0</b>		
Amount of gifts-in-kind: \$ <b>0</b>	Total amount of gifts: \$ <b>0</b>		

**COPY**

**ELYSIUM FOUNDATION**

**BALANCE SHEET**  
as at April 30, 2010  
(Unaudited)

<b>ASSETS</b>			
	Cash on hand and in bank	\$	25,474.77
	Note Receivables		26,231,305.52
	GST Receivable		<u>7.75</u>
<b>TOTAL ASSETS</b>		\$	<b>26,256,788.04</b>

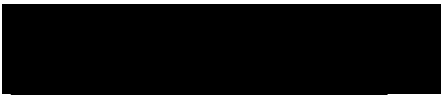
<b>LIABILITIES</b>			
	Accounts Payable	\$	<u>11,571.00</u>
<b>TOTAL LIABILITIES</b>		\$	<b>11,571.00</b>

**STATEMENT OF CHANGES IN EQUITY**

Balance at Beginning of Period	\$	(10,987.75)	
Increase (Decrease) in Equity during period		<u>26,256,204.79</u>	
Surplus at End of Period	\$		<b>26,245,217.04</b>

<b>TOTAL LIABILITIES and SURPLUS</b>	\$		<b>26,256,788.04</b>
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Approved by:



Director

# ELYSIUM FOUNDATION

## STATEMENT OF RECEIPTS AND DISBURSEMENTS

for the period ended April 30, 2010

(Unaudited)

### Receipts

Received Donations	\$ 2,401,577.00
Donations received from other registered charities	20,371,059.00
Interest and Investment Income	<u>3,547,273.07</u>

**Total Receipts** \$ **26,319,909.07**

### Disbursements

Gifts to Qualified Donees	\$ 50,000.00
Bank fees	30.03
Loss on Sale of Investments	13,356.50
Legal and Accounting	<u>317.75</u>

63,704.28

### Total Disbursements

### EQUITY

Increase (Decrease) in Equity during Period \$ **26,256,204.79**

**ELYSIUM FOUNDATION****BALANCE SHEET - RESTATED**

as at April 30, 2010

(Unaudited)

**ASSETS**

Cash on hand and in bank	\$	25,474.77	
GST Receivable		7.75	
Note Receivables		19,437,401.00	
Interest Receivable		1,698,475.63	
Total Assets	\$		<u><u>21,161,359.15</u></u>

**LIABILITIES**

Accounts Payable	\$	11,571.00	
Total Liabilities	\$		<u>11,571.00</u>

**STATEMENT OF CHANGES IN SURPLUS**

Balance at Beginning of Period	\$	(10,987.75)	
Increase (Decrease) iduring period		21,160,775.90	
Surplus at End of Period			<u><u>21,149,788.15</u></u>
Total Liabilities and Surplus	\$		<u><u>21,161,359.15</u></u>

Approved by:



Director



# **ELYSIUM FOUNDATION**

## **STATEMENT OF RECEIPTS AND DISBURSEMENTS - RESTATED**

for the period ended April 30, 2010

(Unaudited)

### **RECEIPTS**

Received Donations	\$ 2,401,577.00	
Donations received from other registered charities	17,910,278.23	
Interest and Investment Income	<u>912,624.95</u>	
Total Receipts		\$ <b>21,224,480.18</b>

### **DISBURSEMENTS**

Gifts to Qualified Donees	\$ 50,000.00	
Bank fees	30.03	
Loss on Sale of Investments	13,356.50	
Legal and Accounting	<u>317.75</u>	
Total Disbursements		<u><b>63,704.28</b></u>

### **SURPLUS**

Increase (Decrease) in Equity during Period		\$ <u><b>21,160,775.90</b></u>
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- An authorized person may use this form to request changes to the information filed on either Form T3010 or Form T3010A, *Registered Charity Information Return*, and/or the *Registered Charity Basic Information* sheet. Section A can also be used to change the charity's address at any time.
- Changes to the public information on this form will be available to the public.
- Note that this form cannot be used to change the name, designation, or fiscal period end of the charity. Refer to our publication called RC4108, *Registered Charities and the Income Tax Act*, for details on how to amend this information or call us at 1-800-267-2384 (English) or 1-888-892-5667 (bilingual).
- See the back for information on how to complete this form.
- Mail or fax us the completed form. The address and fax number are on the back of this form.

**Section A – Identification**

Name of charity Elysium Foundation	BN/registration number 84790 0610 RR 0001
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**Section B – Change of Address**

Address	Effective date of new address yyyy/mm/dd
City	Province or territory BC
	Postal code

**Section C – T3010 or T3010A, Adjustment Details**

Using information from the charity's information return and/or summary, list the details of the requested changes you want to make below. If a change affects more than one section of the return, note the changes for each area on this form. See the back of this form for examples of how to complete this section.

Indicate fiscal period end of adjustment request 2010/04/30

Line number from return	Details of the original information or amount	Details of the new information or amount
4120	26,231,313	21,135,884
4510	20,371,059	17,910,278
4580	3,547,273	912,625
4200	26,256,788	21,161,359
4700	26,306,553	21,224,480
5910	13,128,394	10,580,680

**Other details or explanations**

Interest rate on Promissory Note receivable was reduced from 20% to 5% pursuant to CRA auditor request so asset valuation, interest income, donation of debt in and average FMV of asset were all reduced accordingly  
Revised financial statements are also attached

**Section D – Authorization and Certification**

