



21 2010-11-30 855802708 RR 0001 3026623

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 go for an explanation of terms used.

Total Number of Directors/Trustees and Like Officials:

Public information			Confidential Data		
Last name: Lepp	First name: Nathan	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2008/11/17</u> End Date: _____					
Position: Director					
At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Salas	First name: Alex	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2008/11/17</u> End Date: _____					
Position: Director					
At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Richardson	First name: Christopher	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2004/03/17</u> End Date: _____					
Position: Director					
At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City: _____ Prov/Terr: _____ Postal code: _____		
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: _____ Date of Birth (mandatory for identification): _____		
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City: _____ Prov/Terr: _____ Postal code: _____		
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: _____ Date of Birth (mandatory for identification): _____		
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): _____		



REGISTERED CHARITY INFORMATION RETURN

Section A: Identification

21 2010-11-30 855802708 RR 0001 3026623

- 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. 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 its registered status.

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

1. Charity's name:
 Prescient Foundation

2. Return for fiscal period ending:
 2010/11/30

3. BN/registration number:
 85580 2708 RR 0001

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, *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.

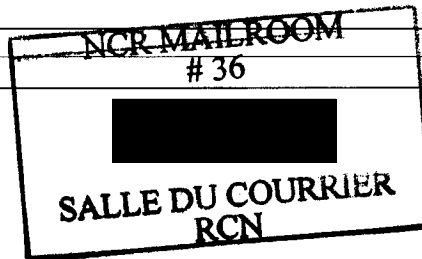
Section C: Programs and general information

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 on 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:
 It made 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 5030 \$

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. 5450 \$

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

(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 \$

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 \$

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 \$

Total expenditures (excluding gifts to qualified donees) (Add lines 4860, 4810, and 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 made to all qualified donees 5050 \$ 0

Total expenditures (Add lines 4950 and 5050) 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): Alex Salas	
Position in charity: Director	Date: 2011/06/24

Section F: Confidential Data

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

- 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

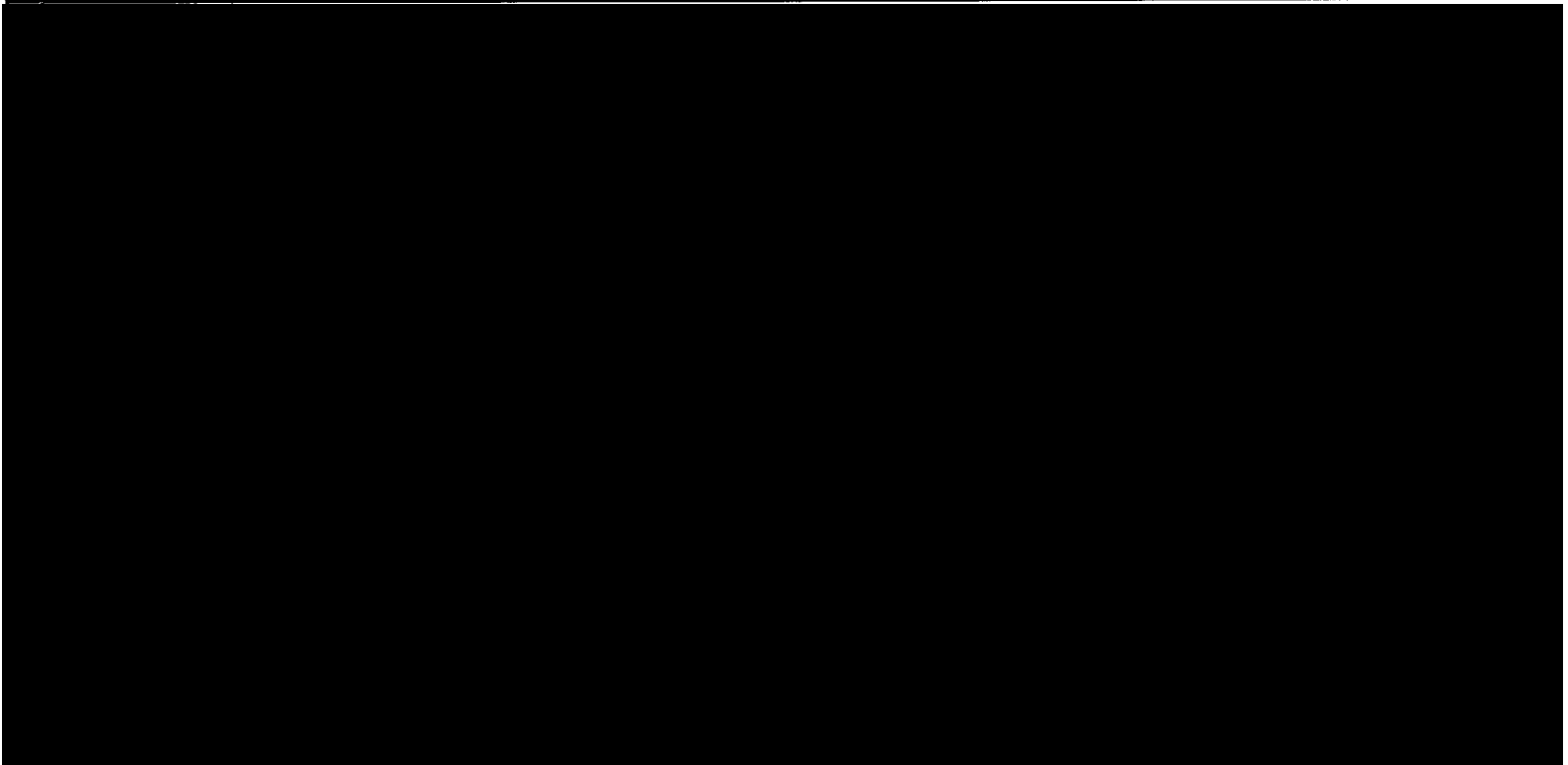
Africa

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.
- | | | |
|---------------------------|---------------------------|---------------------------|
| 305 \$1 – \$39,999 | 310 \$40,000 – \$79,999 | 315 \$80,000 – \$119,999 |
| 320 \$120,000 – \$159,999 | 325 \$160,000 – \$199,999 | 330 \$200,000 – \$249,999 |
| 335 \$250,000 – \$299,999 | 340 \$300,000 – \$349,999 | 345 \$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\$



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 \$

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\$	39,040
Amounts receivable from non-arm's length parties	4110\$	
Amounts receivable from all others	4120\$	3,260
Investments in non-arm's length parties	4130\$	
Long-term investments	4140\$	50,000
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\$	
Total assets (add lines 4100 to 4170)	4200\$	92,300

Liabilities:

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

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\$	126
Gross proceeds from disposition of assets	4590\$	
Net proceeds from disposition of assets (show a negative amount with brackets)	4600\$	
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\$	
Total revenue (add lines 4500, 4510 to 4580, and 4600 to 4650)	4700\$	126

Expenditures:

Advertising and promotion	4800\$	
Travel and vehicle expenses	4810\$	
Interest and bank charges	4820\$	60
Licences, memberships, and dues	4830\$	
Office supplies and expenses	4840\$	
Occupancy costs	4850\$	
Professional and consulting fees	4860\$	53,284
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 of expenditures included in the amount reported at 4920	4930		
Total expenditures before gifts to qualified donees (add lines 4800 to 4920)		4950 \$	53,344

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 \$	53,344
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 \$	500,000
Total expenditures (add amounts from line 4950 and 5050)		5100 \$	553,344

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 \$	1,171,239
• The 24 months before the end of the fiscal period	5910 \$	366,236



21 2010-11-30 855802708 RR 0001 3026623

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 go for an explanation of terms used.

Total Number of Directors/Trustees and Like Officials:

Public information			Confidential Data		
Last name: Lepp	First name: Nathan	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2008/11/17</u> End Date: _____					
Position: Director					
At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Salas	First name: Alex	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2008/11/17</u> End Date: _____					
Position: Director					
At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Richardson	First name: Christopher	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2004/03/17</u> End Date: _____					
Position: Director					
At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City: _____ Prov/Terr: _____ Postal code: _____		
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: _____ Date of Birth (mandatory for identification): _____		
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City: _____ Prov/Terr: _____ Postal code: _____		
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: _____ Date of Birth (mandatory for identification): _____		
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 / Amount:

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

21 2010-11-30 855802708 RR 0001 3026623

Total number of Qualified Donees/Other Organizations: 2

Name of organization: Canadian Education Forum		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/registration number: 89107 2092 RR 0001	City and Prov/Terr: Vancouver BC		
<i>Designated</i> Amount of gifts-in-kind: \$ 100,000	Total amount of gifts: \$ 100,000		
Name of organization: Dodson Neighbourhood House Foundation		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/registration number: 84551 2029 RR 0001	City and Prov/Terr: Vancouver BC		
Amount of gifts-in-kind: \$ 0	Total amount of gifts: \$ 400,000		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/registration number: R	City and Prov/Terr:		
Amount of gifts-in-kind: \$ 0	Total amount of gifts: \$ 0		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/registration number: R	City and Prov/Terr:		
Amount of gifts-in-kind: \$ 0	Total amount of gifts: \$ 0		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/registration number: R	City and Prov/Terr:		
Amount of gifts-in-kind: \$ 0	Total amount of gifts: \$ 0		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/registration number: R	City and Prov/Terr:		
Amount of gifts-in-kind: \$ 0	Total amount of gifts: \$ 0		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/registration number: R	City and Prov/Terr:		
Amount of gifts-in-kind: \$ 0	Total amount of gifts: \$ 0		