Canada Revenue Agency | Agence du revenu du Canada

DX326

REGISTERED CHARITY INFORMATION RETURN

Section A: Identification

22 2011-08-31 832447254 RR 0001 3042832

- 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).

NCR M

Remember: Even if the charity goes through an inactive period, you must continue to file information retu[redacted]ered status.

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

SALLE DU COURRIER

1. Charity's name:
QUC RESIDENTS HOUSING FOUNDATION

2. Return for fiscal period ending:	3. BN/registration number:	4. Web address (if applicable)
2011/08/31	83244 7254 RR 0001	

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

A ·ty wound-up, dissolved, or terminated operations? **1570** ☐ Yes ☒ No

A ·e designated as one of the following: a charitable organization, a public foundation, ·undation. Is your organization designated as a public foundation or private foundation? **1600** ☒ Yes ☐ No

·orm TF725, *Registered Charity Basic Information* sheet (BIS) to confirm. This form is included in the return package.)

·st complete and attach Schedule 1, *Foundations*, to your return.

F600000354882

·ectors/trustees and like officials

·s required to provide certain information for all members of its board of directors/trustees for the complete fiscal period. Only ·nformation section on the worksheet is available to the public. The **confidential data** section is for the CRA's use but may be ·ermitted by law (e.g. with certain other government departments and agencies). Use Form T1235, *Directors/Trustees and Like* ·*rksheet*, or include your own sheet with the **same** information. Charities subject to the Ontario *Corporations Act* may complete ·orksheet.

·ograms and general information

·rity active during the fiscal period? **If no**, explain why in the ·ograms" space provided at C2 **1800** ☐ Yes ☒ No

· provided, describe all **ongoing** and **new** charitable programs the charity carried on to further its charitable purpose(s) (as ·s governing documents) this fiscal period. "Programs" includes all of the charitable work the charity carries out on its own ·ployees or volunteers as well as through qualified donees and intermediaries. The charity may also use this space to describe ·tions of its volunteers in carrying out its programs (e.g. number of volunteers and/or hours). Grant-making charities should ·e types of organizations they support. Please note that "programs" **does not** include fundraising activities. **Do not attach sheets of paper or annual reports**.

·ns:
it did not receive any funding.

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 [X] 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 [X] 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 [X] 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.

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

C7 Did the charity pay external fundraisers? **2700** [ ] Yes [X] 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:

2730 [ ]	Commissions	**2730** [ ]	Finder's fees	**2770** [ ]	Honoraria
2740 [ ]	Bonuses	**2730** [ ]	Set fee for services	**2770** [ ]	Other
				2790	Specify: ______

(d) Did the fundraiser issue tax receipts on behalf of the charity? **2800** [ ] Yes [X] 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 [X] No

C9 Did the charity incur any expenses for compensation of employees during the fiscal period? **3400** [ ] Yes [X] 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 [X] 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 [X] 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 [X] 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 [X] No

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

D3 Revenue:

Did the charity issue tax receipts for donations?	4490	[ ] Yes [X] 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 [X] 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)	4530	$
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): Leslie Brandlmayr	[redacted]
Position in charity: Director	[redacted]

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.	[redacted]	
City		
Province or territory and postal code		

F2 Name and address of individual who completed this return.

[redacted]

T3010, *Registered Charity Information Return*, checklist

- [x] 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.
- [x] 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?
- [x] Have you completed Schedule 1, *Foundations*, if required?
- [x] 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?
- [x] 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? **100** ☐ 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

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? **250** ☐ 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	**325** ____	$200,000 – $249,999
305 ____	$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? **380** $ ______

Confidential Data — Schedule 4

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
[redacted]	

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.

[redacted]

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
- 550 ☐ Life insurance policies
- 555 ☐ 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	$
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	$
Total assets (add lines 4100 to 4170)	4200	$

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	$
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	$

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	$

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Directors/Trustees and Like Officials Worksheet

Enter the prescribed information for each director/trustee and like official of th... Agency makes the public information section on this worksheet available to th... confidential data, may be shared as permitted by law (e.g. with certain other g... he form for an explanation of terms used.

Total Number of Directors/Trustees and Like Officials: 3

Public information				Confidential Data		
Last name: Brandlmayr	First name: Leslie	Initial:		[redacted]		
Director/Trustee/Like Officials Term ▶ Start Date: 2009/11/24	End Date:					
Position: Director	At arm's length with other Directors, etc.?	[X] Yes	[ ] No			
Last name: Wall	First name: Bruno	Initial:				
Director/Trustee/Like Officials Term ▶ Start Date: 2010/07/07	End Date:					
Position: Director	At arm's length with other Directors, etc.?	[X] Yes	[ ] No			
Last name: Woodson	First name: William	Initial:				
Director/Trustee/Like Officials Term ▶ Start Date: 2010/07/12	End Date:					
Position: Director	At arm's length with other Directors, etc.?	[X] Yes	[ ] 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.?	[X] Yes	[ ] 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: BC	Postal code:
Position:	At arm's length with other Directors, etc.?	[X] Yes	[ ] 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.?	[ ] Yes	[ ] 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.?	[ ] Yes	[ ] 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.?	[ ] Yes	[ ] 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.?	[ ] Yes	[ ] No	Telephone number: ( ) -	Date of Birth (mandatory for identification):	

QUC RESIDENTS HOUSING FOUNDATION

BALANCE SHEET
as at August 31, 2011
(Unaudited)

ASSETS

Total Assets	$	0.00
Total Liabilities	$	0.00

STATEMENT OF CHANGES IN EQUITY

Balance at Beginning of Period	$	0.00
Increase (Decrease) in Equity during period		0.00
Surplus at End of Period	$	0.00

Approved by:

[redacted]

QUC RESIDENTS HOUSING FOUNDATION

STATEMENT OF RECEIPTS AND DISBURSEMENTS
for the period ended August 31, 2011
(Unaudited)

RECEIPTS		
Total Receipts	$	0.00
DISBURSEMENTS		
Total Disbursements		0.00
EQUITY		
Increase (Decrease) in Equity during Period	$	0.00