

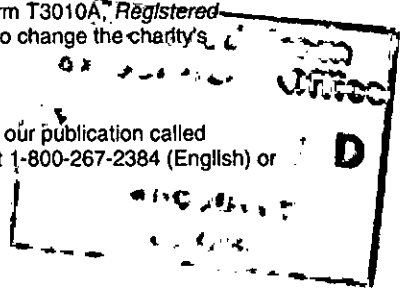
3017347

REGISTERED CHARITY ADJUSTMENT REQUEST TAX DEPT.

- 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
- Note that this form can RC4108, Registered C 1-888-892-5667 (biling)
- See the back for inform.
- Mail or fax us the completed form. The address and fax number are on the back of this form.



End of the charity. Refer to our publication called this information or call us at 1-800-267-2384 (English) or



Section A - Identification

Name of charity SEA TO SKY FOUNDATION	BN/registration number (#####RR####) 888963519RR0001
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Section B - Change of Address

Address	Effective date of new address
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City	Province or territory	Postal code
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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 2005/04/30

Line number from return	Details of the original information or amount	Details of the new information or amount
4330	21159089	24159089

Other details or explanations (attach a separate sheet if required)

Due to 2004 error

Received By / Reçu Par
Records operations Section /
Charities unit

Opérations de Soutien à la gestion
des dossiers / Unité des organismes de
bienfaisances

Section D - Authorization and Certification

Name of person who completed this form (please print)
ANNE LAWLOR

Position in charity (if applicable) CHIEF FINANCIAL OFFICER

I certify the information given is true to the best of my knowledge, correct and complete.
Signature of authorized person _____ Date 2007/03/14

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Section A - Identification

- To complete this form, you will need the guide called *Completing the Registered Charity Information Return Form T4033A*.
- The Privacy Act protects personal information given on this form, which is kept in a personal information bank.
- Except for yes/no questions, if a question does not apply to your charity, please leave it blank.

TAX DEPT.

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

1. Fiscal Period End 2005/04/30
Year Month Day

2. BN/registration number 888963519 | RR 0001

RC-2003-807

A1 Has the charity made any changes to its governing documents (e.g., letters patent, articles of incorporation, constitution, trust, or by-laws) that it has not previously reported? (If yes, see the guide.) 1500 Yes No

A2 Was the charity an internal division regulated by the governing documents of another charity (i.e., it had no governing documents establishing its independent existence)? If yes, what is the name and BN/registration number of the other charity? 1510 Yes No

Name _____ BN/registration number (##### ##RR####) _____

A3 Was the charity linked to a provincial, national, or international organization? If yes, what is the name of this organization and its BN/registration number (if applicable). 1540 Yes No

Name _____ BN/registration number (##### ##RR####) _____

A4 Has the charity wound-up, dissolved, or terminated operations? (If yes, see the guide.) 1570 Yes No

A5 Has the charity amalgamated, merged, or consolidated with another organization? (If yes, see the guide.) 1580 Yes No

Section B - Directors/Trustees and Like Officials

B1 You must attach a list with the last name, first name, and initial of each director/trustee and like official and their date of birth, home address (including street number, street name, city, and postal code), telephone number, position in the charity, and if they are at arm's length from all other members of the governing board. Only the person's name, position in the charity, and their arm's length status will be made public. All other information will be kept confidential. Use the worksheet included in the guide or a sheet with the same information in the same format to enter this information, and attach it to this return. See the guide for an explanation of the term arm's length. Have you attached the list required above? 1700 Yes No

Section C - Programs and General Information

C1 Was the charity inactive during the fiscal period? If yes, please explain why in the "Ongoing programs" space below. 1800 Yes No

C2 Describe how the charity carried out its charitable purposes during the fiscal period. Give detailed information so a reader can clearly understand what the charity actually did to fulfill its mandate. Describe the charity's ongoing programs and new programs in the spaces provided below. Do not attach additional sheets of paper or annual reports. Do not include a description of fundraising activities in this section. Grant-making charities should describe the types of organizations they support. Please number each program. (See the guide for instructions on how to describe your programs.)

Ongoing programs

It made gifts to qualified donees.

Received by / reçu par
IHS - Charitable Organizations

Received / Reçu
At Counter / Au comptoir
Canada Customs and Revenue Agency / Agence des douanes et de revenu du Canada
NO. 1

New programs

Organisations
Recueil des données
Data Assessment / Évaluation des données
Verification des données et évaluation

Vancouver / Services fiscaux de Vancouver
Tax Services

C3 For programs carried on in Canada, check the appropriate box to show where the programs were carried on.

2000 A single rural, city, or metropolitan area 2010 Provincially or territorially 2020 In more than one province or territory

- C4** Did the charity carry on programs, directly or indirectly, outside Canada? 2100 Yes No
 If yes, were any carried out:
- by employees or volunteers of the charity? 2110 Yes No
 - under agency agreement, contract, joint-venture, or similar arrangements? 2120 Yes No
 - through gifts to qualified donees? 2130 Yes No
 - by other means? 2140 Yes No

C5 For programs the charity managed directly, outside of Canada, list the countries or regions where programs were carried on. Do not include countries or regions where programs were managed by a qualified donee.

C6 Did the charity issue scholarships, bursaries, awards, prizes, or honoraria to an individual during the fiscal period? 2300 Yes No

C7 A charity may pursue political activities that are non-partisan, related to its charitable purposes, and limited in extent. During the fiscal period, did the charity carry out political activities or provide assistance to another organization to carry out political activities? (See the guide for information on political activities.) 2400 Yes No

- C8** If the charity carried on fundraising activities, check all fundraising methods that it used during the fiscal period.
- | | | |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> 2500 Advertisements/posters/flyers/radio or TV commercials | <input type="checkbox"/> 2560 Fundraising dinners/galas/concerts | <input type="checkbox"/> 2620 Telephone solicitations |
| <input type="checkbox"/> 2510 Auctions | <input type="checkbox"/> 2570 Fundraising sales (e.g., cookies, chocolate) | <input type="checkbox"/> 2630 Tournaments/sporting events |
| <input type="checkbox"/> 2520 Bingo/casino nights | <input type="checkbox"/> 2580 Mail campaigns | <input type="checkbox"/> 2640 Walk-a-thons/bike-a-thons (etc.) |
| <input type="checkbox"/> 2530 Collection plates/boxes | <input type="checkbox"/> 2590 Planned-giving programs | <input type="checkbox"/> 2650 Other |
| <input type="checkbox"/> 2540 Door-to-door solicitation | <input type="checkbox"/> 2600 Targeted corporate donations/sponsorships | <input type="checkbox"/> 2660 Specify: _____ |
| <input type="checkbox"/> 2550 Draws/lotteries | <input type="checkbox"/> 2610 Targeted contacts | |

C9 Did the charity use incentive-based compensation (e.g., bonuses, commissions, finder's fees, honoraria) for fundraisers? 2700 Yes No

- If yes, were these incentives paid to:
- contracted fundraisers? 2710 Yes No
 - staff or volunteers? 2720 Yes No

C10 Did the charity charge fees for, or otherwise receive regular revenue from goods, services, or the use of the charity's assets? 2800 Yes No

C11 Did the charity make gifts to qualified donees? 2900 Yes No

If yes, you must attach a list with the name of each qualified donee and its location, BN/registration number, the total amount of the gift for the fiscal period, the amount, if any, of specified gifts, and whether or not it is an associated charity. List the qualified donees in the order of the total amount of the gifts made, starting with the largest. Use the worksheet included in the guide or a sheet with the same information in the same format and attach it to this return.

C12 If the charity received non-cash gifts (gifts in kind) for which it issued tax receipts, check all the types of gifts that apply.

- | | | |
|-------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> 3000 Artwork/wine/jewellery | <input type="checkbox"/> 3040 Cultural property | <input type="checkbox"/> 3080 Publicly-traded securities/mutual funds |
| <input type="checkbox"/> 3010 Building materials | <input type="checkbox"/> 3050 Ecological property | <input type="checkbox"/> 3090 Privately-held securities |
| <input type="checkbox"/> 3020 Clothing/furniture/food | <input type="checkbox"/> 3060 Machinery/equipment (including computers/software) | <input type="checkbox"/> 3100 Other |
| <input type="checkbox"/> 3030 Vehicles | <input type="checkbox"/> 3070 Hedge funds/life insurance policies | <input type="checkbox"/> 3110 Specify: _____ |

Section D - Compensation

Note: Compensation includes all forms of remuneration (e.g., salaries, fees, and honoraria) and benefits (e.g., personal use of a car or office space).

D1 On average, how many permanent, full-time, compensated positions did the charity have in the fiscal period? 3600

D2 For the five highest compensated positions indicate the number of positions in each of the following annual compensation categories. Include only those positions that are permanent, full-time positions.

<input type="text" value="3700"/> \$1-\$39,999	<input type="text" value="3710"/> 1 \$40,000-\$79,999	<input type="text" value="3720"/> \$80,000-\$119,999	<input type="text" value="3730"/> \$120,000 and over
------------------------------------------------	-------------------------------------------------------	------------------------------------------------------	------------------------------------------------------

D3 On average, how many part-time or part-year employees did the charity employ in the fiscal period? 3800

D4 What was the total expenditure on compensation for part-time or part-year employees in the fiscal period? 3850 \$.00

D5 Did the charity compensate any of its directors/trustees or like officials, during the fiscal period? 3900 Yes No

D6 Except for compensation, did the charity, directly or indirectly, transfer any part of its income or assets to individuals or organizations not at arm's length to the charity? 3950 Yes No

Section E – Financial Information

- E1** Please attach a copy of the charity's financial statements to this return. 4000 Attached
- E2** May we make the attached financial statements available to the public? 4010 Yes No
- E3** Was the financial information reported below prepared on an accrual or cash basis? 4020 Accrual Cash

E4 Please show figures to the nearest single dollar. Do not show cents. See the guide for an explanation of the terms.

Assets	Liabilities
Cash, bank accounts, and short-term investments 4100 3,758,383 .00	Accounts payable and accrued liabilities 4300 1,255,198 .00
Amounts receivable from non-arm's length parties 4110 1,051,376 .00	Deferred revenue 4310 .00
Amounts receivable from all others 4120 369,536 .00	
Investments in non-arm's length parties 4130 .00	Amounts owing to non-arm's length parties 4320 25,000 .00
Long-term investments 4140 .00	Other liabilities 4330 21,159,089 .00
Inventories 4150 .00	
Capital assets 4160 1,821,294 .00	Total liabilities (add lines 4300 to 4330) 4350 22,439,287 .00
Other assets 4170 12,607,736 .00	
Total assets (add lines 4100 to 4170) 4200 19,608,325 .00	Amount included in lines 4150, 4160, and 4170 not used in charitable programs 4250 .00

E5 Please show figures to the nearest single dollar. Do not show cents. See the guide for an explanation of the terms.

Revenue	
Total tax-receipted gifts 4500	.00
Total gifts received from other registered charities 4510	.00
Total specified gifts included in line 4510 4520	.00
Total other gifts 4530	.00
Revenue from federal government 4540	.00
Revenue from provincial/territorial governments 4550	.00
Revenue from municipal/regional governments 4560	.00
Total revenue from government (add lines 4540, 4550, and 4560) 4570	.00
Interest and investment income 4580	64,660 .00
Proceeds from disposition of assets 4590 gross .00 net	4600 .00
Rental income (land and buildings) 4610	.00
Memberships, dues, and association fees (non tax-receipted) 4620	.00
Total revenue from fundraising 4630	.00
Total revenue from sale of goods and services (except to government) 4640	.00
Other revenue 4650	.00
Total revenue (add lines 4500, 4510, 4530, 4570, 4580, and 4600 to 4650) 4700	64,660 .00
Expenditures (Enter all expenditures, whether or not on charitable programs)	
Advertising and promotion 4800	.00
Travel and vehicle 4810	12,141 .00
Interest and bank charges 4820	1,058,367 .00
Licences, memberships, and dues 4830	.00
Office supplies and expenses 4840	5,294 .00
Occupancy costs 4850	17,546 .00
Professional and consulting fees 4860	292,273 .00
Education and training for staff and volunteers 4870	.00
Salaries, wages, benefits, and honoraria 4880	53,917 .00
Donated and purchased supplies and assets expensed for the fiscal period 4890	.00
Amortization of capitalized assets 4900	407 .00
Research grants and scholarships as part of charitable programs 4910	.00
Other expenditures 4920	326,504 .00
Total expenditures before gifts to qualified donees (add lines 4800 to 4920) 4950	1,766,449 .00
Total charitable programs expenditures included in line 4950 5000	.00
Total management and administration expenditures included in line 4950 5010	312,667 .00
Total fundraising expenditures included in line 4950 5020	.00
Total political activity expenditures included in line 4950 5030	.00
Total other activity expenditures included in line 4950 5040	1,453,782 .00
Total gifts to qualified donees 5050	724,809 .00
Total expenditures (add lines 4950 and 5050) 5100	2,491,258 .00

We will calculate your disbursement quota based on the information you provide on this return.
If you want to do your own calculation, see the disbursement quota worksheet in the guide.

Section F – Other Required Information

F1	What were the total expenditures on programs outside Canada during the fiscal period, excluding gifts to qualified donees?	5400 \$	.00
F2	If the charity retained contracted fundraiser(s), enter:		
	a. the gross revenues collected by the fundraiser(s) on behalf of the charity	5450 \$	.00
	b. the amounts paid to and/or retained by the fundraiser(s)	5460 \$	.00
	c. the net fundraising revenue received by the charity (line 5450 minus line 5460)	5470 \$	.00
F3	If the charity has written permission to accumulate property, enter:		
	• the amount accumulated for the fiscal period, including income earned for the fiscal period on previously accumulated funds	5500 \$	.00
	• the amount disbursed for the fiscal period for the specified purpose we have granted permission for	5510 \$	.00
	• the amount deemed to be a tax-receipted gift for the fiscal period (See the guide)	5520 \$	.00
F4	Of the tax-receipted gifts received by the charity for the fiscal period, enter:		
	• the total amount of tax-receipted non-cash gifts (gifts in kind)	5600 \$	.00
	• the total amount of tax-receipted tuition fees	5610 \$	.00
	• the total amount of tax-receipted ten-year gifts	5620 \$	.00
	• the total amount of tax-receipted bequests	5630 \$	.00
F5	If the charity received ten-year gifts or bequests in a previous fiscal period and used them to reduce its disbursement quota, enter the amount, if any, spent in the fiscal period. (See the guide.)	5700 \$	.00
F6	If the charity is taking a special reduction, which we have pre-approved, to its disbursement quota, enter the special reduction amount for the fiscal period. (See the guide.)	5750 \$	.00
F7	Did the charity acquire a non-qualifying security or allow a donor to use any of the charity's property under the circumstances described in the guide during the fiscal period? (See the guide.)	5800	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section G – For Foundations Only

Note: See the guide for an explanation of the terms and requirements of this section.

G1	In the fiscal period, did the foundation acquire control of a share-capital or for-profit corporation?	6000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G2	Indicate the average value of investment property not used for charitable programs or administration during:		
	• the 24 months before the beginning of the fiscal period	6050 \$	3,988,467 .00
	• the 24 months before the end of the fiscal period	6060 \$	5,233,905 .00
G3	Did the foundation incur debts at any time during the fiscal period other than for current operating expenses, in purchasing or selling investments, or in administering charitable programs?	6100	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G4	For private foundations only: At any time during the fiscal period, did the foundation hold any shares, rights to acquire such shares, or debts owing to it that meet the definition of a non-qualified investment?	6150	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section H – Certification

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

I certify that the information given on this form, the basic information sheet, and any attachments is, to the best of my knowledge, correct, complete, and current.

Name (please print) Tony Baena Position in charity Chief Financial Officer
 Signature _____ Date signed 2005/10/24

Section I – Confidential Data

I1	Physical location (address) of the charity (Do not use rural route or post office box numbers.)	
	Number, street, apt. no., or lot and concession no.	
	City	
	Province or territory and postal code	
I2	Location of the charity's books and records	
	Number, street, apt. no., or lot and concession no.	
	City	
	Province or territory and postal code	
I3	Name and address of the person who completed this return	
	Name	
	Firm name (if applicable)	
	Number, street, apt. no., R.R. no., or P.O. box no.	
	City	
	Province or territory and postal code	

Place bar code label here

Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like official and their date of birth, home address (including street number, street name, city, province or territory and postal code), position in the charity, telephone number, and whether or not they are at arm's length from other members of the charity's Board of Directors/Trustees. Only the person's name, position in the charity, and their arm's length status will be made public. All other information will be kept confidential. See the guide for an explanation of the term arm's length.

Last name: Strangway First name: David Initial: Date of birth: [Redacted]

Last name: Ufford First name: Peter Initial: Date of birth: [Redacted]

Last name: Lee First name: Robert Initial: Date of birth: [Redacted]

Last name: Smith First name: Ross Initial: Date of birth: [Redacted]

Last name: First name: Initial: Date of birth: Street number and name: City: Province or territory: Postal code: Telephone number: Position in charity: Arm's length Yes No

Last name: First name: Initial: Date of birth: Street number and name: City: Province or territory: Postal code: Telephone number: Position in charity: Arm's length Yes No

Last name: First name: Initial: Date of birth: Street number and name: City: Province or territory: Postal code: Telephone number: Position in charity: Arm's length Yes No

Last name: First name: Initial: Date of birth: Street number and name: City: Province or territory: Postal code: Telephone number: Position in charity: Arm's length Yes No

Last name: First name: Initial: Date of birth: Street number and name: City: Province or territory: Postal code: Telephone number: Position in charity: Arm's length Yes No

Last name: First name: Initial: Date of birth: Street number and name: City: Province or territory: Postal code: Telephone number: Position in charity: Arm's length Yes No

Last name: First name: Initial: Date of birth: Street number and name: City: Province or territory: Postal code: Telephone number: Position in charity: Arm's length

Place bar code label here

Qualified Donees Worksheet

Provide the name of each qualified donee, whether or not it is an associated charity, its location, BN/registration number, the total amount of the gifts for the fiscal period, the amount, if any, of specified gifts. List the qualified donees in the order of the total amount of the gifts made, starting with the largest. Round numbers to nearest single dollar.

Total number of qualified donees:

Name of qualified donee: Canadian Education Fo		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Vancouver			
BN/registration number: 891072092RR0001	Total amount of gifts: \$ 724,809.00	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	