

21 2010-03-31 107509507 RR 0001

0644161

You must return this sheet with your information return as it is an integral part of your return. When you sign your Registered Charity Information Return, you are also confirming the information on this sheet.

- This basic information sheet contains information that we have on file for the charity.
- For your convenience, you may make changes to the information on this form where a box is provided.
- To make changes to any other information, you must send us a written request with appropriate documentation.

Designation:	
Charitable	

Fiscal period end:

03-31

Registration date: 1982-09-21

BN/registration number:

Charitable Organization

Telephone number: (403) 934-3322 Fax number: (403) 450-8240

Email address:

CANADA@INTERADMINISTRIES.ORG

Web site address:

WWW.INTERACTMINISTRIES.ORG

Public contact name or position: CANADA FIELD DIRECTOR

Names the charity is known by other than its registered name:

e or position:
s known by other than its registered name:

# Program areas:

The three primary areas in which the charity is now carrying on programs to achieve its charitable purposes are listed below. The program areas are ranked according to the percentage of time and resources devoted to each program area. (See the guide for a description of programs and field codes.)

Rank	Description	Field code	% of emphasis
1	Missionary organizations, evan gelism	E2	70
2	Religious publishing and broad casting	E3	5
3	Social services	B1	25

# Program areas:

If the charity's primary areas of activity for the fiscal period ending 2010-03-31 were different from those for the previous fiscal period, correct the information in the box below. (See the guide for a description of programs and field codes.)

Rank	Description	Field code	% of emphasis
1			
2			
3			

Agence du revenu du Canada

# REGISTERED CHARITY BASIC INFORMATION

000476

OTTAWA ON K1A 0L5

Place this label on the envelope/package you are sending.

CHARITIES DIRECTORATE CANADA REVENUE AGENCY OTTAWA ON K1A 0L5

INTERACT MINISTRIES OF CANADA
DAN MAYERLE
BOX 60029
STRATHMORE AB T1P 0C2

lew mailing address	S			

# The back of this form contains important information about your charity.

If the charity's primary areas of activity for the fiscal period anding 2010-03-31 were different from those for the previous liscal period, correct the information in the box below. (See the guide for a description of programs and field codes.)

the primery areas in which the charry is now carrying on programs to achieve its charitable purposes are listed below. The program areas are ranked according to the percentage of time and resources devoted to each program area. (See the guide for a description of programs and field codes.)

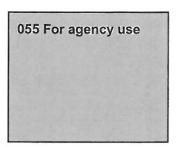
		Burn Burn Betriffen Burn		
	t		Missionary organizations, evan gelism	1
	2	E3 5	Religious publishing and broad casting	
	3			3

# T3010B-RETURN AND APPENDIX INFORMATION

Charity Name: InterAct Ministries of Canada

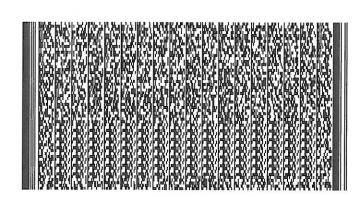
Fiscal Period End: 2010-03-31 BN: 107509507RR0001

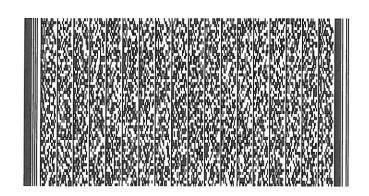
For agency use only FBC Indicator

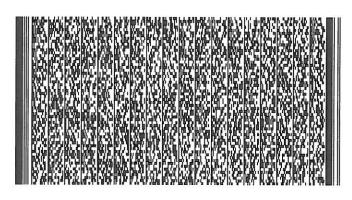




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This page must be attached to your return and sent to the Canada Revenue Agency



Canada Revenue Agency

Agence du revenu du Canada

# REGISTERED CHARITY INFORMATION RETURN

Section A: Identification

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	Guide T4033B, Completing the Registered Charity Information Return is available at www.cra.gc.ca/E/pub/tg/t40 The Privacy Act protects all personal information given on this form, which is kept in personal information bank C Agency (CRA) will make this form and all attachments available to the public on the Charities Directorate Web s as confidential. All of the information collected on this form may be shared as permitted by law (e.g. with certain agencies).	CRA PPU 200. The Canada Revenuite, except for information or data id	lentified		
Rei	emember: Even if the charity goes through an inactive period, you must continue to file information returns to main	ntain your registered status.			
lf y	you did not receive a barcode label to affix to the return, please provide the following:				
1.	Charity's name:				
	InterAct Ministries of Canada				
2.	Return for fiscal period ending:  3. BN/registration number:  4. Web	address (if applicable)			
	Year Month Day 2 0 1 0 0 3 3 1 1 107509507RR0001	www.InterActMinistries.org	g		
A1	Was the charity in a subordinate position to a parent organization?	1510 Yes	XNo		
	If yes, please provide the name and BN/registration number of the organization.				
	Name	BN (if applicable)			
A2	Has the charity wound-up, dissolved, or terminated operations?	1570 Yes	χNο		
АЗ	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?				
	(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.				
Se	ection B: Directors/trustees and like officials		S. P.		
В1	The charity is required to provide certain information for all members of its board of directors/trustees for the corinformation section on the worksheet is available to the public. The confidential data section is for the CRA's (e.g. with certain other government departments and agencies). Use Form T1235(09), Directors/Trustees and L own sheet with the same information. Charities subject to the Ontario Corporations Act may complete a blended Definitions included with the return package for further information.	use but may be shared as permitted ike Officials Worksheet, or include y	by law		
Se	ection 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		No		
C2	In the space provided, describe all <b>ongoing</b> and <b>new</b> charitable programs the charity carried on to further its chargoverning documents) this fiscal period. "Programs" includes all of the charitable work the charity carries out on well as through qualified donees and intermediaries. The charity may also use this space to describe the contrib programs (e.g. number of volunteers and/or hours). Grant-making charities should describe the types of organiz "programs" <b>does not</b> include fundraising activities. <b>Do not attach additional sheets of paper or annual report</b>	its own through employees or volur outions of its volunteers in carrying of ations they support. Please note the	nteers as out its		
On	ngoing programs:				
W	e provide worship & prayer services weekly for First Nations, East Indian (Punjabi), and				
Ar	rabic/Asian people groups; spiritual mentoring and care, summer camps for recreation and	Christian			
ou	utreach for children, youth and families; Native bible Centre in Kamloops BC for Christian				
tra	aining and life skills development through extension courses				

New programs:

Did the charity allow a donor to use any of the charity's property during the fiscal period?

C14

5820

# 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?	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?	Yes	No
Total assets (including land and buildings)	\$	.00
Total liabilities	\$	.00
Did the charity borrow from, loan to, or invest assets with any non-arm's length parties?	Yes	No
D3 Revenue:		
Did the charity issue tax receipts for donations?	Yes	No
If yes, what is the total eligible amount of all donations for which the charity issued tax receipts (except enduring property)	\$	.00
Total amount received from other charities (excluding specified gifts and enduring property)	\$	.00
What is the total amount for all other donations received for which a tax receipt was <b>not</b> issued by the charity? (excluding amounts at lines 4575 and 4630)	\$	.00
Did the charity receive any revenue from any level of Canadian government?	Yes	No
If yes, total amount received	\$	.00
Total non tax-receipted amounts from all sources outside Canada (government and non-government)	\$	.00
Total non tax-receipted amounts from fundraising	\$	.00
Total revenue from sale of goods and services (except to any level of Canadian government)	\$	.00
Other amounts not already included in the amounts above	\$	.00
Total revenue (Add lines 4500 through 4650)	\$	.00
D4 Expenditures:		
What was the charity's total expenditure on professional and consulting fees?	\$	.00
What was the charity's total expenditure on travel and vehicles?	\$	.00
All other expenditures not already included in the amounts above	\$	.00
Total expenditures (excluding gifts to qualified donees) (Add lines 4860+4810+4920)	\$	.00
Of the total amount at line 4950:		
a) How much did the charity spend on charitable programs?		
b) How much did the charity spend on management and administration? \$ 000		
Total amount of gifts (excluding specified gifts) made to all qualified donees	\$	.00
Total amount of specified gifts made to qualified donees	\$	.00
Total expenditures (Add lines 4950 and 5050 + 5070)	\$	.00

## 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):  DARYL KROEKER			Signature:
Position in charity: CHANZMAN	Date:	9,2010	Telephone No.: 604-430-2421
Section F: Confidential data			

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.	50 Slater Road	50 Slater Road
City	Strathmore	Strathmore
Province or territory and postal code	AB T1P 0C2	T1P 0C2

F2 Name and address of individual who completed this return.

Name:		
Wes Schellenberg		
Firm name (if applicable): InterAct Ministries of Canada		
Number, street, apt. no., R.R. no., or P.O. box no.: 4659 Whitehorn Dr. NE (home address)		
City, province or territory, and postal code:		
Calgary	AB	T1Y 1X2
Telephone number: 403-590-3830	Is this the same person who certified in section E?	Yes XNo

# T3010B Registered Charity Information Return checklist

Have you confirmed that all charity information included in the Form TF725, <b>Regist</b> • If any changes are required to any of the information displayed on the BIS, make	tered Charity Basic Information sheet (BIS) is correct? The 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 fisca of the same of the fiscal copy of the amended governing documents in	al period? n a separate envelope?
Have you completed Schedule 1, Foundations, if required?	
Have you attached Form T1235(09), Directors/Trustees and Like Officials Workshe	et?
Have you attached Form T1236(09), Qualified Donees Worksheet/Amounts Provide	ed to Other Organizations, if required?
Have you completed Schedule 2, Activities Outside Canada, if required?	
Have you completed Schedule 3. Compensation, if required?	

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Have you completed Schedule 6, Detailed Financial Information, if required?

Have you completed Schedule 4, Confidential Data, if required?

Have you completed Schedule 5, Non-Cash Gifts, if required?

	Are any projects undertaken ou Canadian International Develop				220 Yes	XNo
	If yes, what was the total amou	unt of funds expended under th	nis arrangement?		230 \$	.00
5	Were any programs carried on	outside Canada carried out by	employees?		240 Yes	XNo
6	Were any programs carried on	outside Canada carried out by	volunteers of the charity?		250 Yes	XNo
7	Is the charity exporting goods a	as part of its charitable program	ns?		260 Yes	XNo
	If yes, list the items being expo	orted, their value, their destinati	ion (city/region) and country co	de.		
	Item	Value	Destinat	ion (city/region)	Country code	
			W 1 1880 N	•		
					PC 00 101 P	ogo E of O
					RC-09-101 P	age 5 01 9

# InterAct Ministries of Canada 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-RI RS-SE TR-TL UA-UI

QP-O



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Asia 2...

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

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 TD-Chad

CG-Republic of Congo

CD- Democratic Republic of Congo

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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

SL-Sierra Leor SO-Somalia SD-Sudan UG-Uganda ZM-Zambia ZW-Zimbabwe QS-Other

390

			Compensation	Schedule 3
1	(a)	Enter the <b>number</b> of permanent, full-time, compensated number of positions the charity had including both mana contractors.)	gerial positions and others, and should not i	nclude independent
	(b)	For the ten (10) highest compensated, permanent, full-ti following annual compensation categories.	me positions enter the <b>number</b> falling within	n each of the
	3	95 \$1 - \$39, 999 310	10 \$40,000 - \$79,999	315 \$80,000 - \$119,999
	3	20 \$120,000 - \$159,999 325	\$160,000 - \$199,999	330 \$200,000 - \$249,999
	3	\$250,000 - \$299,999 340	\$300,000 - \$349,999	\$350,000 and over
2	(a)	Enter the <b>number</b> of part-time or part-year (for example, the fiscal period		
	(b)	What was the total expenditure on compensation for part	t-time or part-year employees in the fiscal p	eriod?

942,046 .00

Schedule 6

Was the financial information reported below |

# Statement of financial position

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4020 Accrual X Cash		4020	Accrual	XCash
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Please show figures to the nearest single dollar. See the Key Terms and Definition	nitions for a definition of the terms used.
	Liabilities: Accounts payable and accrued liabilities
93,250 (0.00) 4 (0.00	Accounts payable and accrued liabilities
	Amounts owing to non-arm's length parties
<u> </u>	Other liabilities
• .	Total liabilities (add lines 4300 to 4330)
Inventories	otal nabilities (add lines 4300 to 4330)
Land and buildings in Canada	
Other capital assets in Canada	
Capital assets outside Canada	
Accumulated amortization of capital assets	Amount included in lines 4150, 4155, 4160,
	1165 and 4170 not used in charitable 4250 \$ .00
Total assets (add lines 4100 to 4170)	programs
Statement of operations	
Revenue:	
Total eligible amount of all gifts for which the charity issued tax receipts	4500 \$ 555,673.00
For all tax-receipted gifts received during the fiscal period please provide:	
Total eligible amount of tax-receipted tuition fees	4 .00
Total eligible amount of tax-receipted enduring property.	
Total amount received from other registered charities (excluding specified gifts and	
Total specified gifts from other registered charities	
Total enduring property from other registered charities	
Total revenue received from federal government	+ 011,00Z
Total revenue received from provincial/territorial governments	
Total revenue received from municipal/regional governments	
Total revenue received from all sources outside Canada	
Total interest and investment income received or earned	+ 021,101.00
Gross proceeds from disposition of assets	
Net proceeds from disposition of assets (show a negative amount with brackets)	
Gross income received from rental of land and/or buildings	
Non tax-receipted revenues received for memberships, dues, and association fees.	
Total non tax-receipted revenue from fundraising	
Total revenue from sale of goods and services (except to government)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Other revenue not already included in the amounts above	
Specify type(s) of revenue included in the amount reported at 4650 (e.g., dividends)	) 4655
Total revenue (add line 4500, 4510 to 4580, and 4600 to 4650)	\$ 1,705,151.00
Expenditures:	
Advertising and promotion	
Travel and vehicle expenses	13,010
Interest and bank charges	<u> </u>
Licences, memberships, and dues	<del>+ 3,963.66</del>
Occupancy costs.	<del>+ 0,0-12.50</del>
Professional and consulting fees	<u> </u>
Education and training for staff and volunteers	<u>+ 14,073.55</u>
Total expenditure on all compensation (enter the amount reported at line 390 in Sch	<del>+ 00,700.00</del>
Fair market value of all donated good used in charitable programs	7-3-12,0-13-13
Total cost of all purchased supplies and assets.	
Amortization of capitalized assets.	
Total expenditure for research grants and scholarships as part of charitable program	<u> </u>

Property no	t used in charitable	activities
-------------	----------------------	------------

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

If the charity has received approval from the Charities Directorate to make a special reduction to its disbursement quota.

•	The 24 months before the <b>beginning</b> of the fiscal period	5900	\$ .00
•	The 24 months before the <b>end</b> of the fiscal period	5910	\$ .00

5750

\$

.00

Canada	Revenue	٩
Agency		0

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# Directors/Trustees and Like Officials Worksheet

Enter the prescribed information for each director/trustee and like official of the charity's board of directors/trustees. The Canada Revenue Ageravailable to the public. All of the information collected on this form, including the confidential data, may be shared as permitted by law (e.g. with See the reverse of this form for an explanation of terms used. 2 Total Number of Directors/Trustees and Like Officials:

	_
Name and the same	
	=
A	500
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Public Information				Confidential Data				_
Last name: Kroeker	First name: Daryl	Jaryl	Initial: F	Home address – Street number and name: $405$ ,	5, 3583 Crowley Drive	rive		_
ficials Term ▶	Start Date: 2005-01-01	-01-01	End Date: 2010-12-31	city: Vancouver	Prov/Terr: BC	O	Postal Code: V5R 6G1	
Position: Chairman	Ata	arm's length w	At arm's length with other Directors, etc.? X Yes No	Telephone Number: 604-430-2421	Date of Birth (mandatory for identification): 1956-01-17	for identification	): 1956-01-17	
Last name: Green	First name: Rick	Rick	Initial:	Home address – Street number and name: BO)	Box 635			1000
Director/Trustee/Like Officials Term ▶ St	Start Date: 2008-01-01	-01-01	End Date:	city: 150 Mile House	Prov/Terr: BC	O	Postal Code: V0K 2G0	
Position: Vice Chairman	Ata	arm's length w	At arm's length with other Directors, etc.? X Yes No	Telephone Number: 250-296-4444	Date of Birth (mandatory for identification): 1955-10-08	for identification	): 1955-10-08	
Last name: Bedford	First name: Dave	Jave	Initial:	Home address – Street number and name: BO)	Box 98			and the same of th
Director/Trustee/Like Officials Term ▶ St	Start Date: 2009-01-01	-01-01	End Date:	city: Lac la Hache	Prov/Terr: BC	O	Postal Code: V0K 1T0	
Position: Secretary/Treasurer	Ata	arm's length w	At arm's length with other Directors, etc.? X Yes No	Telephone Number: 250-396-7207	Date of Birth (mandatory for identification): 1948-08-22	for identification	): 1948-08-22	
Last name: MacKenzie	First name: Alan	Vlan	Initial:	Home address – Street number and name: 1668	38 Spruceglen Drive	Ф		
Director/Trustee/Like Officials Term ▶ St	Start Date: 2010-01-01	-01-01	End Date:	city: Kelowna	Prov/Terr: BC	O	Postal Code: V1V 2K8	
Position: Director	Ataı	arm's length w	At arm's length with other Directors, etc.? X Yes No	Telephone Number: 250-763-9726	Date of Birth (mandatory for identification): 1956-04-13	for identification	): 1956-04-13	
Last name: Baxter	First name: George	Seorge	Initial: A	Home address – Street number and name: 19349 Windmill Drive	349 Windmill Drive			
Director/Trustee/Like Officials Term ▶ Str	Start Date: 2009-01-01	-01-01	End Date:	city: Oregon City	Prov/Terr: OR	2	Postal Code: 97045-7565	0100
Position: Director	Ata	arm's length w	At arm's length with other Directors, etc.? X Yes No	Telephone Number: 503-518-1934	Date of Birth (mandatory for identification): 1944-09-27	for identification	): 1944-09-27	100000
Last name:	First name:		Initial:	Home address – Street number and name:				(Q)
Director/Trustee/Like Officials Term ▶ St	Start Date:		End Date:	City:	Prov/Terr:		Postal Code:	55-56-
Position:	Ata	arm's length w	At arm's length with other Directors, etc.? Yes No	Telephone Number:	Date of Birth (mandatory for identification):	for identification	.:	910
Last name:	First name:		Initial:	Home address – Street number and name:				
Director/Trustee/Like Officials Term ▶ Sta	Start Date:		End Date:	City:	Prov/Terr.		Postal Code:	
Position:	Ataı	ırm's length wi	At arm's length with other Directors, etc.? Yes No	Telephone Number:	Date of Birth (mandatory for identification):	for identification)	9	
Last name:	First name:		Initial:	Home address – Street number and name:		150 150 150 150		
Director/Trustee/Like Officials Term ▶ Sta	Start Date:		End Date:	City:	Prov/Terr:		Postal Code:	
Position:	Atar	ırm's length wi	At arm's length with other Directors, etc.? Yes No	Telephone Number:	Date of Birth (mandatory for identification):	for identification)	:	
Last name:	First name:		Initial:	Home address – Street number and name:				
Director/Trustee/Like Officials Term ▶ Sta	Start Date:		End Date:	City:	Prov/Terr.		Postal Code:	
Position:	Atar	ırm's length wi	At arm's length with other Directors, etc.? Yes No	Telephone Number:	Date of Birth (mandatory for identification):	for identification)		



# **Qualified Donees Worksheet / Amounts Pr**

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

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Total number of Qualified Donees/Othe	r Organizations: 6	21 2010-03-31 10	7509507 RR 0001	0644161	
Name of organization: Native Evange			Associated charity:	Yes	X No
BN/Registration number: 107764920RR0001	City and Prov/Terr: Winnipeg		MB	7/20-10-10-10-10-10-	
Amount of enduring property	\$	Amount of specified gifts	\$		
Amount of gifts-in-kind	\$	Total amount of gifts	\$	1	,800.00
			T		
Name of organization: Indian Life Min			Associated charity:	Yes	X No
BN/Registration number: 107513111RR0001	City and Prov/Terr: Elmira		ON		
Amount of enduring property	\$	Amount of specified gifts	\$		
Amount of gifts-in-kind	\$	Total amount of gifts	\$		500.00
Name of experientians			TA		
Name of organization: Prairie Bible C			Associated charity:	Yes	X No
BN/Registration number: 107855116RR0001	City and Prov/Terr: Three Hills		AB		
Amount of enduring property	\$	Amount of specified gifts	\$		
Amount of gifts-in-kind	5	Total amount of gifts	\$		250.00
Name of organization: Peace River B			Associated charity:	Yes	X No
BN/Registration number: 125136481RR0001	City and Prov/Terr: Peace River		AB	2233	
Amount of enduring property	\$	Amount of specified gifts	\$		
Amount of gifts-in-kind	8	Total amount of gifts	\$		250.00
Name of organization: Nipawin Bible	Inatituta		Associated charity:		[ <del>\</del> \
and the second s			<u> </u>	Yes	X No
BN/Registration number: 107775298RR0001	City and Prov/Terr: Nipawin	T	SK		
Amount of enduring property		Amount of specified gifts	\$		
Amount of gifts-in-kind	5	Total amount of gifts	\$		250.00
Name of organization: Millar College	of the Rible		Associated charity:	□ Vaa	X No
	City and Prov/Terr: Pambrun			Yes	NO NO
BN/Registration number: 107702334RR0001			SK		
Amount of enduring property	<b>3</b>	Amount of specified gifts	\$		
Amount of gifts-in-kind	}	Total amount of gifts	\$		250.00
Name of organization:			Associated charity:	Yes	□No
BN/Registration number:	City and Prov/Terr:				
Amount of enduring property \$	}	Amount of specified gifts	\$	<u> </u>	
Amount of gifts-in-kind \$	}	Total amount of gifts	\$		
Name of organization:			Associated charity:	Yes	☐ No
BN/Registration number:	City and Prov/Terr:				
Amount of enduring property \$		Amount of specified gifts	\$	· ·	
Amount of gifts-in-kind \$		Total amount of gifts	\$		