Agence du revenu du Canada

REGISTERED CHARITY **BASIC INFORMATION**

000467

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

| New mailing address | | |
|---------------------|--|--|
| | | |
| | | |
| | | |

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



22 2011-03-31 107509507 RR 0001



22 2011-03-31 107509507 RR 0001

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3

time and resources devoted to each program area. (See the guide for a description of programs and field codes.) Missionary organizations, evan Religious publishing and broad

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

Social services



22 2011-03-31 107509507 RR 0001

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.

| esi | | |
|-----|--|--|

Fiscal period end:

BN/registration number:

Charitable Organization

Registration date: 03-31 1982-09-21

107500507 RR 0001

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:

| - 1 | 107509507 RR 0001 |
|-------------------------|---|
| Telephone number: | |
| Fax number: | |
| Email address: | |
| Web site-address: | |
| Public contact name or | r position: |
| Names the charity is kr | nown 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 2011-03-31 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.)

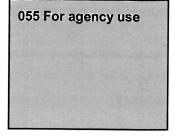
| Rank | Description | Field code | % of emphasis |
|------|-------------|------------|---------------|
| 1 | | | |
| | | | |
| 2 | | | |
| | | | |
| 3 | | | |
| 3 | | | |

T3010 RETURN AND APPENDIX INFORMATION

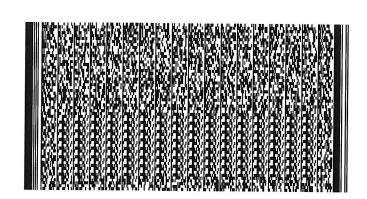
Charity Name: InterAct Ministries of Canada

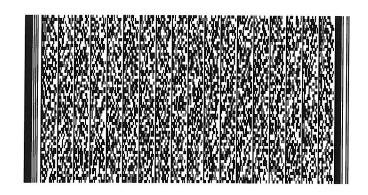
Fiscal Period End: 2011-03-31

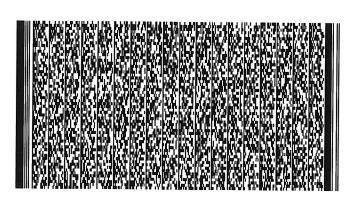
BN: 107509507RR0001



For agency use only FBC Indicator







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

Section A: Identification



Canada Revenue Agency

Agence du revenu du Canada

TEDED CHADITY INICODMATION

| K E | :013 | ICKED | CHARII | T | IIAL | OKIVIA | HOH | KEI | UKIN | ı |
|-----|------|-------|--------|---|------|--------|-----|-----|------|---|
| | | | | | | | | | | |

22 2011-03-31 107509507 RR 0001

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| | 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). |
|------|--|
| Re | member: Even if the charity goes through an inactive period, you must continue to file information returns to maintain its registered status. |
| lf y | ou did not receive a barcode label to affix to the return, please complete the following: |
| 1. | Charity 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 1 1 0 3 3 1 1 107509507RR0001 www.interactministries.org |
| A1 | Was the charity in a subordinate position to a parent organization? |
| | 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? |
| 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? |
| | (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 | ction B: Directors/trustees and like officials |
| В1 | 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, <i>Directors/Trustees and Like Officials Worksheet</i> , or include your own sheet with the same information. Charities subject to the Ontario <i>Corporations Act</i> may complete a blended worksheet. |
| Se | ction 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 |
| C2 | In the space provided, describe all ongoing and new charitable programs the charity carried on to further its charitable purpose(s) (as defined in its governing documents) this fiscal period. "Programs" includes all of the charitable work the charity carries out on its own through employees or volunteers as well as through qualified donees and intermediaries. The charity may also use this space to describe the contributions of its volunteers in carrying out its programs (e.g., number of volunteers and/or hours). Grant-making charities should describe the types of organizations they support. Please note that "programs" does not include fundraising activities. Do not attach additional sheets of paper or annual reports . |
| On | going programs: |
| W | e provide worship & prayer services weekly for First Nations, East Indian (Punjabi) and |
| | abic/Asian people groups; spiritual mentoring and care, summer camps for recreation and Christian |
| | treach for children, youth and families; Native Bible Centre for Christian training and life |
| sk | ills development through extension courses |
| | |
| | |
| | w programs: |
| | nchored Warriors" - A First Nations youth outreach, mentorship, and community |
| | adership development program |
| | |

| | egistered charities may make gifts to qualified donees. Qualified donees are other registered Canadian charities, as well as certain other rganizations described in the <i>Income Tax Act</i> . | |
|----------------|--|----------|
| C3 | Did the charity make gifts or transfer funds to qualified donees or other organizations? | 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? | X |
| | If yes, you must complete and attach Schedule 2, Activities Outside Canada, to your return. | |
| A i | registered charity may pursue political activities to retain, oppose, or change the law, policy, or decision of any level of government inside utside Canada provided the activities are non-partisan, related to its charitable purposes, and limited in extent. | ∍ or |
| C5 | (a) Did the charity carry on any political activities during the fiscal period? | XNo |
| O ₀ | (b) Enter the total amount spent by the charity on these activities | <u> </u> |
| 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 used during the fiscal period. | it |
| | 2500 Advertisements/print/radio/ TV commercials Advertisements/print/radio/ TV commercials Fundraising sales (e.g., cookies) 2620 Telephone/TV solicitation | ne |
| | TV commercials | |
| | | |
| | 2530 X Collection plate/boxes 2580 X Mail campaigns 2640 Cause-related marketing 2540 Door-to-door solicitation 2590 Planned-giving programs 2650 X Other | ı |
| | Translation programs | |
| | Specify: needs shaled with d | onors |
| | 2560 Fundraising dinners/galas/concerts 2610 Targeted contacts | |
| C7 | | 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 | |
| | (b) Enter the amounts paid to and/or retained by the fundraisers | |
| | (c) Identify the method of payment to the fundraiser: | |
| | 2730 Commissions 2750 Finder's fees 2770 Honoraria | |
| | 2740 Bonuses 2760 Set fee for services 2780 Other | |
| | 2790 Specify: | |
| | (d) Did the fundraiser issue tax receipts on behalf of the charity? | 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)? | XNo |
| C9 | Did the charity incur any expenses for compensation of employees during the fiscal period? | 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: | X |
| | 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? | X No |
| | If yes, you must complete and attach Schedule 5, Non-Cash Gifts, to your return. | |
| C12 | 2 Did the charity acquire a non-qualifying security? | 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) | XNo |
| C14 | 4 Did the charity issue any of its tax receipts for donations on behalf of another organization? | XNo |

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? | 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 \$ | |
| Total amount of 10 year gifts received | | |
| Total amount received from other registered charities | 4510 \$ | |
| 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 \$ | |
| 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 \$ | |
| 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 \$ | |
| a) How much did the charity spend on charitable programs? | | |
| b) How much did the charity spend on management and administration? 5010 \$ | | |
| Total amount of gifts made to all qualified donees | 5050 \$ | |
| Total expenditures (Add lines 4950 and 5050) | 5100 \$ | |

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): | | Signature | |
|----------------------|-----------|----------------|-----|
| DAVE BENFORD | | | |
| Position in charity: | Date: / | Telephone No.: | |
| DIRECTOR | 8/14/2011 | 250-396-7 | 207 |

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 | AB, T1P 0C2 |

F2 Name and address of individual who completed this return.

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

T3010, Registered Charity Information Return, checklist

| Have you confirmed that all charity information included in the Forr | m TF725, Registered Charity Basic Information Sheet (BIS) is correct? |
|--|---|
| Some changes can be made directly on the RIS | |

→ Some changes can be made directly on the BIS.

| <u>/ </u> | 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?

 \uparrow 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?

| BN: | 107509507RR0001 | | InterAct Ministr | ies of Canada | | | FPE | :2011-03-31 |
|-----|---|--|----------------------------|---|--------------------|--------------------|---|-------------|
| | | | Foundati | ons | | | Sched | ule 1 |
| 1 | Did the foundation acquire control of | a corporation in the fis | scal period? | | | | . 100 Yes | No |
| 2 | Did the foundation incur any debts a purchasing or selling investments, o | | | | | | 110 Yes | No |
| _ | private foundations only: | | | | | | | |
| 3 | At any time during the fiscal period, owing to it that meet the definition of | did the foundation hold a non-qualified investr | any shares, right ment? | s to acquire sha | res, or debts | | 120 Yes | No |
| 4 | Did the foundation own more than 2 | % of any class of share | es of a corporation | n at any time dui | ring this fiscal p | eriod? | . 130 Yes | No |
| | If yes, you must complete and attack (Note: Only private foundations will | | | | o your return. | | | |
| | | | Activities Out | side Canada | | | Sched | ule 2 |
| Fo | r more information about carrying | on programs outside | Canada see the | Charities Direc | torate website | at www.cra.gc. | ca/charities | |
| 1 | What were total expenditures on act excluding gifts to qualified donees? | | | | | | 200 \$ | |
| 2 | Were any of the charity's resources contract, agency agreement, or joint | | | | | | 210 Yes | No |
| | If yes, enter the amounts of the tota | reported on line 200 t | ransferred to thes | se individuals/org | ganizations as r | equired in the fol | lowing table: | |
| | Name of individual/org | anization | identify | ne list on the re country code vies were carried | where | | Amount (\$) ow amounts to the rest single dollar. | |
| | | | | | | | | |
| | | | | | | | | |
| | | 44.000.000 | | | | | | |
| | | | | | | | | |
| 3 | Using the list on the reverse, identify country codes in the following space: | | e charity itself ca | rried on program | ns or provided a | ny of its resource | es. Enter the approp | oriate |
| | | | | *************************************** | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4 | Are any projects undertaken outside Canadian International Development | | | | | | 220 Yes | No |
| | If yes, what was the total amount of | unds expended under | this arrangement | ? | | | 230 \$ | - |
| 5 | Were any programs carried on outsic | le Canada carried out l | by employees of t | the charity? | | | 240 Yes | No |
| 6 | Were any programs carried on outsic | e Canada carried out | by volunteers of the | he charity? | | | 250 Yes | No |
| 7 | Is the charity exporting goods as part | of its charitable progra | ams? | | | | 260 Yes | No |
| | If yes, list the items being exported, | heir value, their destin | ation (city/region) | and country co | de. | | | |
| | ltem | Valu | ie | Destinat | ion (city/regior | 1) | Country code | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

UG-Uganda ZM-Zambia ZW-Zimbabwe QS-Other

SD-Sudan

Compensation Schedule 3 (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 21 (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 - \$39,999310 10 \$40,000 - \$79,999 315 \$80,000 - \$119,999 320 \$120,000 - \$159,999 \$160,000 - \$199,999 \$200,000 - \$249,999 325 330 335 \$250,000 - \$299,999 340 \$300,000 - \$349,999 345 \$350,000 and over (a) Enter the number of part-time or part-year (for example, seasonal) employees the charity employed during the fiscal period 370 13 (b) What was the total expenditure on compensation for part-time or part-year employees in the fiscal period?..... 380 \$ 124,222 390 1,005,843

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).

| - | | 0.00 | - | | _ |
|---|--------|--------|-------|-------|--------|
| 1 | Inform | nation | about | Fundr | aisers |
| | | | | | |

| Please provide the name(s) and arm's length status of external fund | draiser(| S | ١. |
|---|----------|---|----|
|---|----------|---|----|

| Name | At arm's length? Yes/No |
|------|-------------------------|
| | Yes No |
| | Yes No |

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.

| Name | Amount | Organization | Government | Individual |
|------|--------|--------------|------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

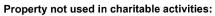
| | Non-Cash Gifts | Schedule 5 |
|---|--|---|
| 1 Identify all types of non-cash gifts (gifts-in- | kind) received for which a tax receipt was issued: | |
| 500 Artwork/wine/jewellery | 525 Ecological properties | 550 Publicly traded securities/mutual funds |
| 505 Building materials | 530 Life insurance policies | Books (literature, comics) |
| 510 Clothing/furniture/food | 535 Medical equipment/supplies | 560 Other |
| 515 Vehicles | 540 Privately-held securities | 565 Specify: |
| 520 Cultural properties | 545 Machinery/equipment (including co | omputers and software) |
| 2 Indicate the total eligible amount of tax-rec | eipted non-cash qifts | 580 \$ |

| | Detailed Financial | Information | Sc | hedule 6 |
|--|---|---|--|------------------|
| Was the financial information reported below prepared on an a | accrual or cash basis | 4020 | Accrua | l X Cash |
| Statement of financial position | order or oder back | | | <u> </u> |
| | | | | |
| Show figures to the nearest single dollar. | | | | |
| Assets: | # 462.64E | Liabilities: | 4000 | 47 700 |
| - | \$ 463,645 | | 4300 \$ | 17,789 |
| · . | \$ 12.021 | | 4310 \$ | 147,347 |
| | \$ 12,031 | and a man | 4320 \$ | 0 |
| · . | \$ \$ | | 4330 \$ 4350 \$ | 165,136 |
| - | \$ | Total liabilities (add lines 4300 to 4330) | #990 Þ | 100,130 |
| and the second s | \$ | | | |
| | \$ 55,887 | | | |
| | \$ | | | |
| | \$ (45,832) | | | |
| | \$ | Amount included in lines 4150, 4155, 4160, | | |
| 10 year gifts | <u></u> | 4165 and 4170 not used in charitable programs | 1250 \$ | 0 |
| Total assets (add lines 4100 to 4170) | \$ 485,731 | programo. | | |
| Total assets fada inies 4100 to 4110) | , ,,,,,,,, | | | |
| | | | | |
| Statement of operations | | | | |
| Revenue: | | _ | | |
| Total eligible amount of all gifts for which the charity issued tax | | | \$ | 442,314 |
| Total eligible amount of tax-receipted tuition fees | | | | |
| Total amount of 10 year gifts received | | | | |
| Total amount received from other registered charities | | | 510 \$ | 3,500 |
| Total other gifts received for which a tax receipt was not issued | | | 530 \$ | 288,846 |
| Total revenue received from federal government | | | 540 \$ | 12,065 |
| Total revenue received from municipal/regional governments. | | | 550 \$ | 0 |
| Total revenue received from all sources outside Canada | | | 560 \$ | 0 |
| Total interest and investment income received or earned | | | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 826,281 |
| Gross proceeds from disposition of assets | | | 580 \$ | 9,804 |
| Net proceeds from disposition of assets (show a negative amo | | | 600 \$ | 0 |
| Gross income received from rental of land and/or buildings | | | 610 \$ | 0 |
| Non tax-receipted revenues received for memberships, dues, a | and association fees | | 620 \$ | 0 |
| Total non tax-receipted revenue from fundraising | | | BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOOK | 0 |
| Total revenue from sale of goods and services (except to gove | | | | 3,002 |
| Other revenue not already included in the amounts above | • | | | 0,002 |
| Specify type(s) of revenue included in the amount reported at 4 | | | | |
| Total revenue (add lines 4500, 4510 to 4580, and 4600 to 46 | | 100 100 100 100 100 100 100 100 100 100 | 700 \$ | 1,585,812 |
| rotal revenue (add illies 4000, 4010 to 4000, and 4000 to 40 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Expenditures: | | | | |
| Advertising and promotion | | | 800 \$ | |
| Travel and vehicle expenses | | | 810 \$ | 21,204 |
| Interest and bank charges | | | 820 \$ 830 \$ | 2,356 |
| Licences, memberships, and dues | | | | 5,495 |
| Office supplies and expenses | | | 840 \$ 850 \$ | 14,482 |
| Occupancy costs | | | 860 \$ | 6,356 |
| Education and training for staff and volunteers | | | 870 \$ | 16,546 44,018 |
| Total expenditure on all compensation (enter the amount repor | | | 880 \$ | 1,005,843 |
| Fair market value of all donated goods used in charitable progr | | | 890 \$ | 0 |
| Fotal cost of all purchased supplies and assets | | | 891 \$ | 5,429 |
| . Jan. Jose of all paroriadou oupplied and abboto | | | | |



Total cost of all purchased supplies and assets.

| BN:107509507RR0001 | InterAct Ministries of Canada | | | FPE:2011-03-31 |
|--|--|---|-------|----------------|
| 9 SHALLANGOODEN - SHALLANGOOD DAY OF \$20000 € CONSTRUCTOR SHALL S | | RESERVATION OF STREET | \$ | 4,256 |
| | rships as part of charitable programs | | \$ | 0 |
| | above (excluding gifts to qualified donees) | 4920 | \$ | 440,599 |
| Specify type(s) of expenditures included in the ar | mount reported at 4920 4930 grants, reimb. of staff expenses | | | |
| Total expenditures before gifts to qualified donee | es (add lines 4800 to 4920) | 4950 | _\$ | 1,566,584 |
| | | | | |
| Lines 5000 to 5040 represent a breakdow | on of the expenditures on lines 4800 to 4920. The total of lines 5000 to 504 | 10 should | equal | line 4950. |
| | | | | |
| | | 18 10 10 10 10 10 10 10 10 10 10 10 10 10 | \$ | 1,178,392 |
| Total expenditures on management and administ | tration | 5010 | \$ | 346,600 |
| | | | \$ | 41,592 |
| Total expenditures on political activities, inside or | r outside Canada | | \$ | |
| SWARETERSTON SOURCE STREET STR | | | \$ | |
| Total amount of gifts made to all qualified donees | 5 | 5050 | \$ | 2,550 |
| Total expenditures (add amounts from lines 4 | 950 and 5050) | 5100 | \$ | 1,569,134 |
| Other financial information | | | | |
| Permission to accumulate property: | | | | |
| Only registered charities that have written permis | ssion to accumulate should complete this section. | | | |
| Enter the amount accumulated for the fiscal per | eriod, including income earned on accumulated funds | 5500 | \$ | |
| Enter the amount disbursed for the fiscal perio | d for the specified purpose we have permitted | 5510 | \$ | |
| | | | | |
| Permission to reduce disbursement quota: | | | | |
| | rities Directorate to make a reduction to its disbursement quota, | E750 | Φ. | |
| enter the amount for the fiscal period | | 5750 | \$ | |
| Property not used in charitable activities: | | | | |



| • The 24 months before the beginning of the fiscal period | | Enter the value of property not used for charitable activities or administration during: | | |
|--|---|--|------|----|
| 5010 | | The 24 months before the beginning of the fiscal period | 5900 | \$ |
| • The 24 months before the end of the fiscal period | , | The 24 months before the end of the fiscal period | 5910 | \$ |



Canada Revenue Agence du revenu Agency du Canada

Directors/Trustees and Like Officials Worksheet

2

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

| Public Information | | Confidential Data | |
|--|--|--|--|
| Last name: Kroeker First ne | First name: Daryl | Home address - Street number and name: 405, 3583 Crowley Drive | 35, 3583 Crowley Drive |
| Director/Trustee/Like Officials Term ▶ Start Date: 2 | Start Date: 2005-01-01 End Date: 2010-12-31 | City: Vancouver | Prov/Terr: BC Postal Code: V5R 6G1 |
| Position: Chairman | 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 |
| Last name: Baxter First na | First name: George | Home address – Street number and name: 19349 Windmill Drive | 349 Windmill Drive |
| ficials Term ▶ | Start Date: 2009-01-01 End Date: | city: Oregon City | Prov/Terr: OR Postal Code: 97045-7565 |
| Position: Chairman | 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 |
| Last name: Green First na | First name: Rick | Home address – Street number and name: Box 635 | x 635 |
| Director/Trustee/Like Officials Term ▶ Start Date: 2 | Start Date: 2008-01-01 End Date: | city: 150 Mile House | Prov/Terr: BC Postal Code: V0K 2G0 |
| Position: Vice Chairman | 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 |
| Last name: Bedford First na | First name: Dave | Home address – Street number and name: Box 98 | % 98 |
| Start Date: | 2009-01-01 End Date: | city: Lac la Hache | Prov/Terr: BC Postal Code: V0K 1T0 |
| Position: Secretary/Treasurer | 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 |
| Last name: MacKenzie First na | First name: Alan Initial: | Home address – Street number and name: 1668 Spruceglen Drive | 68 Spruceglen Drive |
| Director/Trustee/Like Officials Term ▶ Start Date: 2 | 2010-01-01 End Date: | city: Kelowna | Prov/Terr: BC Postal Code: V1V 2K8 |
| Position: Director | 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 |
| Last name: First name: | me: Initial: | Home address – Street number and name: | |
| Director/Trustee/Like Officials Term ▶ Start Date: | End Date: | Oity: | 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: | me: | 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: | ne: | Home address - Street number and name: | |
| Director/Trustee/Like Officials Term ▶ Start Date: | End Date: | Oity: | 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: | ne: 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): |
| | | | |



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.

22 2011-03-31 107509507 RR 0001

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| | | Total number of Qualified Donees/Other Organizations: 4 | | | | |
|---|---------------------|---|-----------------------|-----|-------|--|
| Name of organization: Native Evangelical Fellowship of Canada BN/Registration number: City and Prov/Terr: Winnipeg | | | Associated charity: | Yes | X No | |
| | | | МВ | | | |
| August of wide in kind | . | Tatal and and a faith | | | 4 000 | |
| Amount of gifts-in-kind | \$ | Total amount of gifts | \$ | | 1,800 | |
| Name of organization: Millar College | | | Associated charity: | Yes | X No | |
| I/Registration number: City and Prov/Terr: Pambrun | | SK | 202-02 | | | |
| Amount of gifts-in-kind | \$ | Total amount of gifts | \$ | | 250 | |
| Name of organization: Peace River E | Bible Institute | | Associated charity: | Yes | X No | |
| BN/Registration number: 125136481RR0001 City and Prov/Terr: Peace River | | | AB | | | |
| Amount of gifts-in-kind | \$ | Total amount of gifts | \$ | | 250 | |
| Name of organization: Nipawin Bible College | | | Associated charity: | Yes | X No | |
| BN/Registration number: City and Prov/Terr: Nipawin | | | SK | | | |
| 101110200141000 | · | | | | | |
| Amount of gifts-in-kind | \$ | Total amount of gifts | \$ | | 250 | |
| Name of organization: | | | Associated charity: | Yes | ☐ No | |
| BN/Registration number: | City and Prov/Terr: | | | | | |
| 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 gifts-in-kind | \$ | Total amount of gifts | \$ | | | |
| Name of organization: | | | Associated charity: | | | |
| BN/Registration number: City and Prov/Terr: | | | T DOCUMENT OF MAINLY. | Yes | ∐ No | |
| Amount of gifts-in-kind | \$ | Total amount of gifts | \$ | | | |
| Name of organization: | | | Associated charity: | | | |
| BN/Registration number: City and Prov/Terr: | | | | Yes | ∐ No | |
| Amount of gifts-in-kind | \$ | Total amount of gifts | \$ | | | |