

22 2012-03-31 107509507 RR 0001

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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.

Fiscal period end:

- 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.

Registration date:

Charitable Organization	03-31
Telephone number:	
(403) 934-3322	
Fax number: (403) 450-8240	· ·
Email address:	VIE 0 0 0 0
CANADA@INTERADMINISTF	RIES.ORG
Web site address: WWW.INTERACTMINISTRIES	S.ORG

Public contact name or position:	
CANADA FIELD DIRECTOR	

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

1982-09-21		107509507 RR 0001	
	Telephone number:		
	Fax number:		
	Email address:		
	Web site address:		****
	Public contact name or	position:	

BN/registration number:

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

Program areas:

Designation:

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.)

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

Program areas:

If the charity's primary areas of activity for the fiscal period ending 2012-03-31 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.)

Description	Description Field code er	
	Description	Description code

Before Filing Your T3010 with CRA

T3010 checklist - ensure that you do the following:

	Have a director/trustee or like official complete and sign Section E of the T3010
	Make a copy of the final, signed T3010 for your records.
	Confirm 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.
	Attach the peel-off barcode labels from your Registered Charity Basic Information sheet to all pages included in your return (see below)
Г3010	checklist - include the following in your return:
	Registered Charity Basic Information Sheet (BIS) (Form TF725) (received from CRA)
	Registered Charity Information Return (Form T3010) including all Appendix Information Sheets and Schedules
	Directors/Trustees Worksheet (T1235)
	Qualified Donees Worksheet (T1236) (if applicable)
	A copy of the charity's financial statements
	If the charity made any amendments to its governing documents during the fiscal period, attach an official copy of the amended governing documents in a separate envelope.

File with CRA within 6 months of your year end at:

Charities Directorate Canada Revenue Agency Ottawa, ON K1A 0L5

After Filing Your Return with CRA

- 1) CRA will be sending you a Registered Charity Information Return Summary. Make sure you compare it with your T3010 to check for any errors.
- 2) Check CRA's website (*www.cra-arc.gc.ca/charities*) to ensure that your information has been posted online correctly. Please note that it may take a while for CRA to post your information online.

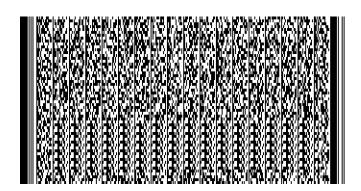
T3010 RETURN AND APPENDIX INFORMATION

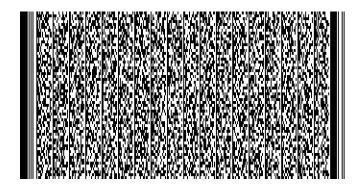
Charity Name: InterAct Ministries of Canada

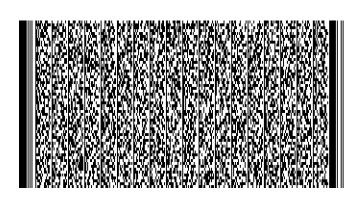
Fiscal Period End: 2012-03-31 **BN:** 107509507RR0001

For agency use only FBC Indicator

055 For agency use







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

venue Agence du revenu du Canada

Place bar code label here

REGISTERED CHARITY INFORMATION RETURN

Section A: Identification

- Guide T4033, Completing the Registered Charity Information Return, is available through our Forms and publications Web pages at www.cra.gc.ca/charities.
- The *Privacy Act* protects all personal information given on this form, which is kept in personal information bank CRA PPU 200. The Canada Revenue Agency (CRA) will make this form and all attachments available to the public on the Charities Directorate Web site, except for information or data identified as confidential. All of the information collected on this form may be shared as permitted by law (e.g., with certain other government departments and agencies).

Remember: Even if the charity goes through an inactive period, you must continue to file information returns to maintain its registered status.

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

1.	Charity name:			
	InterAct Ministries of Canada			
2.	Return for fiscal period ending: 3.	BN/registration number:	4. W	/eb address (if applicable):
	Year Month Day 2 0 1 2 0 3 3 1	107509507RR0001		www.interactministries.org
A1	Was the charity in a subordinate position to a parent o	rganization?		Yes X No
	If yes, please provide the name and BN/registration no	umber of the organization.		
	Name			BN (if applicable)
A2				
A 3	All charities are designated as one of the following: a ls your organization designated as a public foundation	charitable organization, a public foundatior or private foundation?	n, or a privat	te foundationYes X No
	(Refer to the Form TF725, Registered Charity Basic In package.)	formation Sheet (BIS) to confirm. This form	n is included	I in the return
	If yes, you must complete and attach Schedule 1, Fou	ndations, to your return.		
Se	ection B: Directors/trustees and like officials			
B1	The charity is required to provide certain information for information section on the worksheet is available to the (e.g., with certain other government departments and a sheet with the same information. Charities subject to the	ne public. The confidential data section is agencies). Use Form T1235, <i>Directors/Trus</i>	for the CRA stees and Li	A's use but may be shared as permitted by law ike Officials Worksheet, or include your own
Se	ection C: Programs and general information			
C1	Was the charity active during the fiscal period? If no , "Ongoing programs" space provided at C2	explain why in the		1800 X Yes No
C2	In the space provided, describe all ongoing and new governing documents) this fiscal period. "Programs" in well as through qualified donees and intermediaries. T programs (e.g., number of volunteers and/or hours). G "programs" does not include fundraising activities. Do	cludes all of the charitable work the charity he charity may also use this space to desc rant making charities should describe the t	carries out ribe the con types of org	on its own through employees or volunteers a stributions of its volunteers in carrying out its anizations they support. Please note that
Oı	ngoing programs:			
su	e provide worship & prayer services weekly for First Natummer camps for recreation and Christian outreach for cevelopment through extension courses; Anchored Warric	hildren, youth and families; Native Bible Ce	entre for Ch	ristian training and life skills
Ne	ew programs:			
-				

	istered charities may make gifts to qualified donees. Ganizations described in the <i>Income Tax Act</i> .	Qualified donees are other registered Canad	dian charities, as well as certain other
	Did the charity make gifts or transfer funds to qualified don if yes , you must complete and attach Form T1236, Qualified to your return.	· ·	
O-r	Did the charity carry on, fund, or provide any resources thrany other individuals, intermediaries, entities, or means (ot Canada?	ther than qualified donees) for any activity/prog	gram/project outside 2100 Ves VNo
	il yes, you must complete and attach schedule 2, Activitie	es Outside Cariada, to your return.	
	gistered charity may pursue political activities to retai side Canada provided the activities are non-partisan, r		
C5	(a) Did the charity carry on any political activities during th (b) Enter the total amount spent by the charity on these ac		
C6	If the charity carried on fundraising activities or engaged thused during the fiscal period.	hird parties to carry on fundraising activities on	its behalf, tick all fundraising methods that it
	2500 Advertisements/print/radio/	2570 Fundraising sales (e.g., cookies)	2620 Telephone/TV solicitations
		2575 Internet	2630 Tournament/sporting events
		2580 Mail campaigns	2640 Cause-related marketing
		= = ' '	
	2540 Door-to-door solicitation	: iaiiiioa giviiig programo	2650 X Other needs
	2550 Draws/lotteries	2600 Targeted corporate donations/ sponsorships	2660 Specify: shared with donors
	2560 X Fundraising dinners/galas/concerts 2	2610 Targeted contacts	
C 7	Did the charity pay external fundraisers?		
	f yes , you must complete the following lines, and complete	ete and attach Schedule 4, Confidential Data, 1	. Information
	about Fundraisers.		-1-0 o
	(a) Enter the gross revenue collected by the fundraisers of	•	
	(b) Enter the amounts paid to and/or retained by the fundr	raisers	5460 \$
	(c) Identify the method of payment to the fundraiser:		
	2730 Commissions	2750 Finder's fees	2770 Honoraria
		2760 Set fee for services	
	2/40 Bonuses	Set lee for services	Cuioi
			2790 Specify:
	(d) Did the fundraiser issue tax receipts on behalf of the ch	harity?	
	Did the charity compensate any of its directors/trustees or services provided during the fiscal period (other than reimb		
C9	Did the charity incur any expenses for compensation of em	nployees during the fiscal period?	
	If yes, you must complete and attach Schedule 3, Comper	. ,	<u> </u>
C10	Did the charity receive any donations or gifts of any kind in Canada and was not any of the following:	valued at \$10,000 or more from any donor tha	
	 A Canadian citizen, nor Employed in Canada, nor Carrying on a business in Canada, nor A person having disposed of taxable Canadian proper 		
	If yes , you must complete and attach Schedule 4, <i>Confid</i> for each donation of \$10,000 or more.	dential Data, 2. Information about Donors Not F	Resident in Canada,
C11	Did the charity receive any non-cash gifts (gifts-in-kind) for	or which it issued tax receipts?	
	If yes, you must complete and attach Schedule 5, Non-C	·	<u> </u>
C12	Did the charity acquire a non-qualifying security?	•	5800 Yes X No
C12	Did the charity acquire a non-qualitying security?		XINO
C13	Did the charity allow a donor to use any of the charity's produced (except for permissible uses)		5810 Yes X No
C14	Did the charity issue any of its tax receipts for donations of	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?	0 Ac	ccrual	Cash
The tree mandal meaning reported seen propared on an accordance seen seen seen seen seen seen seen s	- -	L	
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	\$	
		\$	
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?			
Total amount of gifts made to all qualified donees	5050	\$	
Total expenditures (Add lines 4950 and 5050)	5100	\$	

Section	C	

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 of	niven on this form	the basic information sheet,	and any attachment	is to the hest of m	v knowledge correct	complete and current
1 001111	and the information t	giveii oii tillo lollii,	the basic information shock,	and any attachment	ino, to the best of m	y milowicago, comcot,	complete, and carrent.

Name (please print):		Signature:
Position in charity:	Date:	Telephone No.:

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:		
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 No.:	Is this the same individual who certified in Section E?	V. V.
403-590-3830		Yes X No

T3010, Registered Charity Information Return, checklist

Have you attached a copy of the charity's financial statements?

Have you confirmed that all charity information included in the Form TF725, <i>Registered Charity Basic Information Sheet</i> (BIS) is correct? • Some changes can be made directly on the BIS.
Have you attached Form TF725, Registered Charity Basic Information Sheet (BIS)?
Has the charity made any amendments to its governing documents during the fiscal period? • If yes, have you sent us an official copy of the amended governing documents in a separate envelope?
Have you completed Schedule 1, Foundations, if required?
Have you attached Form T1235, Directors/Trustees and Like Officials Worksheet?
Have you attached Form T1236, Qualified Donees Worksheet/Amounts Provided to Other Organizations, if required?
Have you completed Schedule 2, Activities Outside Canada, if required?
Have you completed Schedule 3, Compensation, if required?
Have you completed Schedule 4, Confidential Data, if required?
Have you completed Schedule 5, Non-Cash Gifts, if required?
Have you completed Schedule 6, Detailed Financial Information, if required?

BN:	107509507RR0001		InterAct Ministrie	es of Canada			FPE:	2012-03-3
			Foundatio	ons			Schedu	ıle 1
1	Did the foundation acquire control of a	a corporation in the fis	cal period?				100 Yes	No
2	Did the foundation incur any debts at purchasing or selling investments, or						110 Yes	No
For	private foundations only:							
3	At any time during the fiscal period, d owing to it that meet the definition of a	id the foundation hold a non-qualified investm	any shares, rights nent?	to acquire shar	res, or debts	1	120 Yes	No
4	Did the foundation own more than 2%	of any class of share	s of a corporation	at any time duri	ing this fiscal po	eriod?	130 Yes	No
	If yes, you must complete and attach (Note: Only private foundations will h				your return.			
			Activities Outs	ide Canada			Schedu	ıle 2
Fo	r more information about carrying o	n programs outside	Canada see the (Charities Direc	torate website	at www.cra.gc.ca	/charities	
1	What were total expenditures on activ	vities/programs/project	s carried on outsid	de Canada durir	ng the fiscal pe	riod,		
	excluding gifts to qualified donees?						200 \$	
2	Were any of the charity's resources p contract, agency agreement, or joint v	venture to any other in	dividual or entity (excluding gifts t	o qualified don	ees)?	210 Yes	No
	If yes, enter the amounts of the total	reported on line 200 tr			· 			
	Name of individual/orga	anization	identify	e list on the rev country code v es were carried	vhere	Show	amount (\$) amounts to the st single dollar.	
3	Using the list on the reverse, identify to country codes in the following spaces		e cnarity itself car	ried on program	is or provided a	any of its resources	. Enter the approp	oriate
4	Are any projects undertaken outside (
	Canadian International Development						220 Yes 230 \$	No
5	If yes, what was the total amount of for Were any programs carried on outside	·	· ·				240 Yes	No
6	Were any programs carried on outside			·			250 Yes	No
7	Is the charity exporting goods as part						260 Yes	No
	If yes, list the items being exported, the							
	Item	Valu	ie	Destinat	ion (city/regio	n)	Country code	

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-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

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

MN-Mongolia

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

QS-Other

ZW-Zimbabwe

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 300 21 contractors..... (b) For the ten (10) highest compensated, permanent, full-time positions enter the number falling within each of the following annual compensation categories. \$40,000 - \$79,999 \$80,000 - \$119,999 305 4 \$1 - \$39, 999 315 320 \$120,000 - \$159,999 \$160,000 - \$199,999 330 \$200,000 - \$249,999 335 \$250,000 - \$299,999 345 340 \$300,000 - \$349,999 \$350,000 and over (a) Enter the number of part-time or part-year (for example, seasonal) employees the charity employed during 380 120,286 \$ (b) What was the total expenditure on compensation for part-time or part-year employees in the fiscal period?..... 390 998.473

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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
• •		asout	

Please provide the name(s) a	and arm's I	ength	status of	external	fundraiser((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-ki	nd) received for which a tax receipt was issued:			
500 Artwork/wine/jewellery	525 Ecological properties	550 P	ublicly traded securi	ties/mutual funds
505 Building materials	530 Life insurance policies	555 B	ooks (literature, com	ics)
510 Clothing/furniture/food	535 Medical equipment/supplies	560 O	other	
515 Vehicles	540 Privately-held securities	565 Specif	y:	
520 Cultural properties	545 Machinery/equipment (including co	omputers and softw	rare)	
2 Indicate the total eligible amount of tax-rece	ipted non-cash gifts		580	\$

Detailed Financial Information Schedule 6 X Cash 4020 Accrual Was the financial information reported below prepared on an accrual or cash basis?..... Statement of financial position Show figures to the nearest single dollar. Liabilities: Assets: 555,984 17,709 \$ 4300 4100 Cash, bank accounts, and short-term investments. . . Accounts payable and accrued liabilities. . . . 4310 191.500 Amounts receivable from non-arm's length parties. . . \$ Deferred revenue..... 21,498 4320 4120 \$ \$ Amounts owing to non-arm's length parties. . 4330 \$ 4130 \$ 4350 \$ 209,209 4140 \$ Total liabilities (add lines 4300 to 4330) . . . 4150 \$ 4155 \$ 55,887 4160 \$ 4165 \$ Accumulated amortization of capital assets 4166 (48,832)\$ Amount included in lines 4150, 4155, 4160, Other assets..... 4170 \$ 4165 and 4170 not used in charitable 4180 10 year gifts 4250 \$ programs..... 4200 584,537 Total assets (add lines 4100 to 4170) Statement of operations Revenue: 4500 529,275 \$ Total amount received from other registered charities..... 4510 3,000 Total other gifts received for which a tax receipt was **not** issued by the charity 4530 \$ 337.039 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 \$ 809,882 4580 \$ 11,772 Gross proceeds from disposition of assets 4600 Net proceeds from disposition of assets (show a negative amount with brackets). \$ 4620 \$ Total non tax-receipted revenue from fundraising 4630 \$ \$ 4.934 4650 \$ 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 4700 1,695,902 1\$ **Expenditures:** 4800 31,377 4820 \$ 2,407 4830 \$ 5,856 4840 10,946 Office supplies and expenses. 4850 \$ 5,446 4860 \$ 15,056 4870 \$ 46,981 4880 \$ 998,473 Total expenditure on all compensation (enter the amount reported at line 390 in Schedule 3, if applicable) 4890 \$ Fair market value of all donated goods used in charitable programs

Total cost of all purchased supplies and assets.

3,767

4891

\$

BN:107509507RR0001 Int	erAct Ministries of Canada		FPE:2012-03-31
Amortization of capitalized assets		\$	3,000
Total expenditure for research grants and scholarships as part of ch	aritable programs	\$	
Other expenditures not included in the amounts above (excluding gift	· · · · · · · · · · · · · · · · · · ·	\$	457,889
Specify type(s) of expenditures included in the amount reported at 4			
Total expenditures before gifts to qualified donees (add lines 4800 to	to 4920)	\$	1,581,198
Lines 5000 to 5040 represent a breakdown of the expenditu	res on lines 4800 to 4920. The total of lines 5000 to 5040 should	equal	line 4950.
Total expenditures on charitable programs		\$	1,163,403
Total expenditures on management and administration	5010	\$	362,580
Total expenditures on fundraising	5020	\$	55,215
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	\$	59,971
Total expenditures (add amounts from lines 4950 and 5050)	5100	\$	1,641,169
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	me earned on accumulated funds	\$	
Enter the amount disbursed for the fiscal period for the specified	purpose we have permitted	\$	
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	,	\$	
Parameter and the charles have a district			
Property not used in charitable activities:	sictration during:		
Enter the value of property not used for charitable activities or admir	_	I e	
• The 24 months before the beginning of the fiscal period	5040	\$ \$	
• The 24 months before the end of the fiscal period	5910	<u></u>	

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Directors/Trustees and Like Officials Worksheet

Place	har	code	label	here

Enter the prescribed information for each director/trustee and like official of the charity's board of directors/trustees. The Canada Revenue Agency makes the public information section on this worksheet 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. with certain other government departments and agencies). See the reverse of this form for an explanation of terms used.

Total Number of Directors/Trustees and Like Officials: 5

Public Information	Confidential Data			
Last name: Baxter First name: George Initial: A	Home address – Street number and name: 19349 Windmill Drive			
Director/Trustee/Like Officials 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 name: Rick Initial:	Home address – Street number and name: Box 635			
Director/Trustee/Like Officials Term ► Start Date: 2008-01-01 End Date:	City: 150 Mile House Prov/Terr: BC Postal Code: V0K 2G			
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 name: Dave Initial:	Home address – Street number and name: Box 98			
Director/Trustee/Like Officials Term ► 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 name: Alan Initial:	Home address – Street number and name: 1668 Spruceglen Drive			
Director/Trustee/Like Officials Term ► Start Date: 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: Teeter First name: Jack Initial:	Home address – Street number and name: 8249 Comox Rd, Box 4313			
Director/Trustee/Like Officials Term ► Start Date: 2012-01-01 End Date:	City: Blaine, WA Postal Code: 98230-9365			
Position: Director At arm's length with other Directors, etc.? X Yes No	Telephone Number: 360-306-8373 Date of Birth (mandatory for identification): 1944-09-11			
Lest name.	Hama address. Chreat number and name.			
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):			



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Qualified Donees Worksheet / Amounts Provided to Other Organizations

Registered charities may make gifts to qualified donees. Provide the required information for each gift made to other organizations.

See the reverse for explanations of the terms used.	
Total number of Qualified Donees/Other Organizations:	6

Name of organization: Millar College	me of organization: Millar College of the Bible		Associated charity:	Yes	X No
BN/Registration number: City and Prov/Terr: Pambrun			SK		
250					
Amount of gifts-in-kind	\$	Total amount of gifts	\$		250
Name of organization: Peace River B	ible Institute		Associated charity:	Yes	X No
BN/Registration number: 125136481RR000	City and Prov/Terr: Doggo Divor		AB		
250					
Amount of gifts-in-kind	\$	Total amount of gifts	\$		250
Name of organization: No. 1 - 1 - 1 - 1 - 1	Della e e		Associated charity:		[V]
Name of organization: Nipawin Bible(BN/Registration number:				Yes	X No
107775298RR000	City and Prov/Terr: Nipawin		SK		
250	h	Total amount of eith			050
Amount of gifts-in-kind	\$	Total amount of gifts	\$		250
Name of organization: Prairie Bible Ir	stitute		Associated charity:	Yes	X No
BN/Registration number: 107855116RR000	City and Prov/Terr: Three Hills		AB		
250					
Amount of gifts-in-kind	5	Total amount of gifts	\$		250
Name of organization: Regina Youth	for Christ		Associated charity:		∇ No
BN/Registration number:	City and Prov/Terr: Regina			Yes	X No
839558764RR000 ⁻					
	1 Negilia		SK		
14,901		Total amount of nifts			1/ 901
14,901	S Negina	Total amount of gifts	\$ \$		14,901
14,901 Amount of gifts-in-kind Name of organization: SIM Canada	\$	-			
14,901 Amount of gifts-in-kind	City and Proy/Terr: Coorborous	-	\$		
14,901 Amount of gifts-in-kind Name of organization: SIM Canada BN/Registration number:	City and Proy/Terr: Coorborous	-	\$ Associated charity:		
14,901 Amount of gifts-in-kind Name of organization: SIM Canada BN/Registration number: 129947537RR000	City and Proy/Terr: Coorborous	-	\$ Associated charity:	Yes	
14,901 Amount of gifts-in-kind Name of organization: SIM Canada BN/Registration number: 129947537RR000	City and Prov/Terr: Scarborougl	1	\$ Associated charity: ON	Yes	X No 44,070
14,901 Amount of gifts-in-kind Name of organization: SIM Canada BN/Registration number: 129947537RR000 44,070 Amount of gifts-in-kind	City and Prov/Terr: Scarborougl	1	\$ Associated charity: ON	Yes	X No
14,901 Amount of gifts-in-kind Name of organization: SIM Canada BN/Registration number: 129947537RR000 44,070 Amount of gifts-in-kind Name of organization:	City and Prov/Terr: Scarborougl	1	\$ Associated charity: ON	Yes	X No 44,070
14,901 Amount of gifts-in-kind Name of organization: SIM Canada BN/Registration number: 129947537RR000 44,070 Amount of gifts-in-kind Name of organization: BN/Registration number:	City and Prov/Terr: Scarborougl	1	\$ Associated charity: ON	Yes	X No 44,070
14,901 Amount of gifts-in-kind Name of organization: SIM Canada BN/Registration number: 129947537RR000 44,070 Amount of gifts-in-kind Name of organization: BN/Registration number: Amount of gifts-in-kind	City and Prov/Terr: Scarborougl City and Prov/Terr:	Total amount of gifts	\$ Associated charity: ON \$ Associated charity:	Yes Yes	X No 44,070 No
14,901 Amount of gifts-in-kind Name of organization: SIM Canada BN/Registration number: 129947537RR000 44,070 Amount of gifts-in-kind Name of organization: BN/Registration number: Amount of gifts-in-kind Name of organization:	City and Prov/Terr: Scarborough City and Prov/Terr:	Total amount of gifts	\$ Associated charity: ON \$ Associated charity:	Yes	X No 44,070
14,901 Amount of gifts-in-kind Name of organization: SIM Canada BN/Registration number: 129947537RR000 44,070 Amount of gifts-in-kind Name of organization: BN/Registration number: Amount of gifts-in-kind	City and Prov/Terr: Scarborougl City and Prov/Terr:	Total amount of gifts	\$ Associated charity: ON \$ Associated charity:	Yes Yes	X No 44,070 No
14,901 Amount of gifts-in-kind Name of organization: SIM Canada BN/Registration number: 129947537RR000 44,070 Amount of gifts-in-kind Name of organization: BN/Registration number: Amount of gifts-in-kind Name of organization number:	City and Prov/Terr: Scarborough City and Prov/Terr:	Total amount of gifts	\$ Associated charity: ON \$ Associated charity:	Yes Yes	X No 44,070 No



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.**

Name (please print):		Signature:	
Position in charity:	Date:	Telephone No.:	
DIRECTOR	13/AUE/2012	288-396-7207	
Section F: Confidential Data			
Provide the physical address of the char	rity and the address in Canada for the charity's books a	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 cor	npleted this return.		
Name: Wes Schellenberg			
Firm name (if applicable):			
InterAct Ministries of Canada Number, street, apt. no., R.R. no., or P.O. be	ox no.:		
4659 Whitehorn Dr. NE (home add		ş (m)	
City, province or territory, and postal code: Calgary	АВ	T1Y 1X2	
Telephone No.:	Is this the same individual who certified in		
403-590-3830			
T3010, Registered Charity Information Re	eturn, checklist	RESERVED TO SERVE SEED OF THE SHARES SEED FOR THE ABOVE	
Have you confirmed that all charity inform • Some changes can be made directly	mation included in the Form TF725, Registered Charit on the BIS.	ty Basic Information Sheet (BIS) is correct?	
Have you attached Form TF725, Registe	ered Charity Basic Information Sheet (BIS)?		
	to its governing documents during the fiscal period? py of the amended governing documents in a separate	envelope?	
Have you completed Schedule 1, Found	ations, if required?		
Have you attached Form T1235, <i>Directo</i>	rs/Trustees and Like Officials Worksheet?		
Have you attached Form T1236, Qualifie	ed Donees Worksheet/Amounts Provided to Other Orga	anizations, if required?	
Have you completed Schedule 2, Activiti	es Outside Canada, if required?		
Have you completed Schedule 3, Compe	ensation, if required?		
Have you completed Schedule 4, Confid	ential Data, if required?		
Have you completed Schedule 4, Confid			
_	ash Gifts, if required?		