



**Disbursements**

Total fund-raising costs	110	_____	_____
• Total fees from line 110 paid to fund-raising agents	906	_____	_____
Management and general administration costs	111	_____	_____
Total amount spent on political activities	112	_____	_____
Total amount of gifts to "qualified donees" (complete "Summary of Gifts to Qualified Donees" on page 4)	113	_____	_____
Please give details about the amount on line 113 as follows:			
• Gifts designated as "specified gifts"	907	_____	_____
• Gifts to "associated charities"	908	_____	_____
Total amount spent on charitable programs carried on by your charity	114	_____	_____
<b>Note:</b> Do not include amounts representing disbursements made during the fiscal period for the purpose of property accumulated – see relevant schedule and line 115 below			
Please give details about the amount on line 114 as follows:			
• In Canada	909	_____	_____
• Outside Canada	910	_____	_____
Amount accumulated with the permission of the Minister of National Revenue during the fiscal period	115	_____	_____
Other disbursements (please specify)	116	_____	_____
<b>Total Disbursements</b> (add lines 110 to 116 inclusive)	117	<input type="text"/>	▶ _____

**C STATEMENT OF ASSETS AND LIABILITIES**

**Assets**

Cash on hand and in bank	118	_____	_____
Amounts receivable from founders, officers, directors, members or organizations related to them	119	_____	_____
Amounts receivable from others (not included on line 119)	120	_____	_____
Investments other than rental property	121	_____	_____
Rental property	122	_____	_____
Other fixed assets (e.g. land and buildings, etc.)	123	_____	_____
Inventory	124	_____	_____
Other assets (please specify)	125	_____	_____
<b>Total Assets</b> (add lines 118 to 125 inclusive)	126	<input type="text"/>	▶ _____

**Liabilities**

Contributions, gifts and grants payable	127	_____	_____
Amounts payable to founders, officers, directors, members, or organizations related to such persons	128	_____	_____
Amounts payable to others (not included on lines 127, 128 and 130)	129	_____	_____
Mortgages, notes payable	130	_____	_____
<b>Total Liabilities</b> (add lines 127 to 130 inclusive)	131	<input type="text"/>	▶ _____

**D REMUNERATION**

Total remuneration paid to employees carrying out charitable activities	132	_____	_____
Total remuneration paid to employees carrying out any other activities	133	_____	_____
Total remuneration paid to all employees (add lines 132 and 133)	134	<input type="text"/>	▶ _____
Total remuneration (including benefits of any kind) paid to employees who were executive officers, directors or trustees of the charity	135	_____	_____
Number of individuals whose remuneration appears on line 135	136	_____	_____

**E VOLUNTARY INFORMATION (Your co-operation in completing lines 137 to 143 would be appreciated)**

Voluntary Work		Donations	
Approximate total number of hours contributed by all volunteers on all activities	137	Approximate percentage of donations received from:	
Percentage of volunteer hours devoted to:		Individuals	141 _____ %
Fundraising activities	138 _____ %	Corporations	142 _____ %
Charitable activities	139 _____ %	Other Sources	143 _____ %
"Related business" activities	140 _____ %		

**F INFORMATION DESCRIBING CHARITY'S PURPOSE(S) AND ACTIVITIES**

To be completed by all registered charities.

**Note:** If you do not have enough space, please attach a separate sheet and label it "Attachment to form T3010".

**Purpose(s)**

Give a brief statement of the primary purpose(s) of your charity.

**Activities in Canada**

Briefly describe the charitable programs which your charity carried on in Canada during the fiscal period. Please specify the location for each activity.

**Activities Outside Canada**

Briefly describe the charitable programs which your charity carried on outside Canada during the fiscal period. Please specify the location for each activity.

Were the activities outside Canada carried on

(a) by the employees of your charity itself?

Yes  No

If "Yes", print the total amount of salaries (including benefits of any kind) paid to them.

1. \_\_\_\_\_

Print any other amounts provided to them for the purpose of carrying out these activities

2. \_\_\_\_\_

(e.g. for equipment, supplies, etc.)

(b) through an appointed agent(s) or authorized representative(s) of your charity?

Yes  No

If "Yes", print the total amount of the fees paid for their services including, in the case of an individual, amounts provided for personal living expenses.

3. \_\_\_\_\_

any other amounts provided to them for the purpose of carrying out these activities

4. \_\_\_\_\_

(c) in joint venture with a foreign charity or charities?

If "Yes", print the total amount your charity spent on projects of this nature.

Yes  No

5. \_\_\_\_\_

(d) by other means (please specify)

6. \_\_\_\_\_

Total amount spent on charitable programs outside Canada (add lines 1 to 6 inclusive)

7. \_\_\_\_\_

**Note:** This amount should be equal to the amount printed on line 910 on page 2.

Briefly describe the extent to which your charity directs, supervises and controls the application of its funds by agents, representatives or foreign charities acting in joint ventures.

**G SUMMARY OF GIFTS TO "QUALIFIED DONEES"**

To be completed by all registered charities that have reported gifts to "qualified donees" on line 113

**Note:** If you do not have enough space to list all the donees, please attach a separate sheet, using the headings below, and label it "Attachment to form T3010".

Name of Donee	Registration Number of Donee if a Charity	Location	Amount (Omit Cents)	Specified Gift (✓)	Associated Charity (✓)

**H IDENTIFICATION OF EXECUTIVE OFFICERS**

To be completed by all registered charities

Please list below the name, address, telephone number and occupation of each current directing officer of the charity including, in the case of a parish or congregation, the name of the priest, minister or religious leader in charge.

**Note:** If you do not have enough space to list all the officers, please attach a separate sheet, using the headings below and label it "Attachment to form T3010".

Name	Position with Charity	Address	Telephone Number	Occupation

**I RETURN COMPLETION**

Please provide the name, address, telephone number and occupation of the individual who completed this return.

Name	Occupation	Telephone Number
Address		

**J CERTIFICATION**

To be signed only by a current executive officer of the charity.

I \_\_\_\_\_ of \_\_\_\_\_  
 Name of officer whose signature appears below (please print) Address

HEREBY CERTIFY that the information given in this return and in all schedules and statements attached is true, correct and complete in every respect.

Signature of Authorized Officer	Position or Office within the organizational structure of the charity
Charity's Telephone Number	Date Day    Month    Year