4	Canada Customs and Revenue Agency	
	and Revenue Agency	,

Agence des douanes et du revenu du Canada

## NON-PROFIT ORGANIZATION (NPO) INFORMATION RETURN

This return is for:

• non-profit organizations (NPOs) described in paragraph 149(1)(I) of the Income Tax Act; and

organizations described in paragraph 149(1)(e) of the Act (agricultural organizations, boards of trade or chambers of commerce).

An organization may have to file this return if:

- it received or is entitled to receive taxable dividends, interest, rentals or royalties of more than \$10,000 in the fiscal period;
- it owned assets valued at more than \$200,000 at the end of the immediately preceding fiscal period; or
- it had to file a NPO return for a previous fiscal period.

To determine if the organization you represent has to complete this return, please see the T4117, *Income Tax Guide to the Non-Profit Organization (NPO) Information Return.* 

Send your completed return to: Ottawa Technology Centre, 875 Heron Road, Ottawa ON K1A 1A2

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Business Number (BN), if any (enter the first nine digits)	830245411
Trust (T3) number, if any T	
Is this the final return to be filed by this organization? If yes, please attach an explanation. 1	
Type of organization (see the guide, T4117)	
Area code Telephone number 204-233-2712	
	(BN), if any (enter the first nine digits)  Trust (T3) number, if any  T Is this the final return to be filed by this organization? If yes, please attach an explanation. 1  Type of organization (see the guide, T4117)  Area code Telephone number

	Section B – Amounts received during	g the f	iscal perio	d	
Membership dues	s, fees, and assessments	100			
ederal, provincia	al, and/or municipal grants and payments	101			
terest, taxable o	dividends, rentals, and royalties	102			
roceeds of dispe	osition of capital property	103			
ross sales and	revenues from organizational activities	104	28,358	72	
ifts		105			
ther receipts					
specify)		106			
otal receipts (a	dd lines 100 to 106)	107	28,358	72	28,358 72

Section C – Statement of assets and liabilities a	t the e	nd of the	fiscal	period
Assets				
Method used to record assets				
Cash and short-term investments	108	16,383	76	
Amounts receivable from members	109			
Amounts receivable from all others (not included on line 109)	110			
Prepaid expenses	111			
Inventory	112	500	00	
Long-term investments	113			
Fixed assets				
Other assets				
(specify)	115			100
Total assets (add lines 108 to 115)	116	16,883	76	<b>▶</b> 16,883 76
Liabilities	1			
Amounts owing to members	117	500	00	
Amounts owing to all				
others (specify)	118			
Total liabilities (add lines 117 and 118)	119	500	00	500 00

T1044 E (05) Page 1 of 2 (Vous pouvez obtenir ce formulaire en français à www.arc.gc.ca ou au 1 800 959-3376.)

38	Section	n D – Remune	ration		
al remuneration	n and benefits paid to all employees and officers				120
otal remuneration	n and benefits paid to employees and officers who a	are members			121
ther payments to					
pecify)					122
umber of membe	ers in the organization				5
umber of membe	ers who received remuneration or other amounts				
	Section E – TI	he organizatio	n's activities		
riafly describe th	e activities of the organization. If this is the organization			ch a copy of the o	rganization's Mission Stater
lelly describe th	RIAN, NON PROFIT VOLUNTEER-BASE	D ORGANIZAT	TION		
HUMANITAR	TO BUILDING SCHOOLS FOR CHILDRE	N IN RURAL	REGIONS OF	LAOS	
FDICALED 1	TO BOILDING BOUGGE FOR SHEETING				
re any of the oro	ganization's activities carried on outside of Canada?	1 '	Yes X 2 No		
			Simmer de la constant		
yes, indicate wh	nere:				
chools are	e built for children in Laos				
Jama of nargan	Section F – Lo Leave this area blank if the				
Name of person t	Leave this area blank if the				
	Leave this area blank if the				
	Leave this area blank if the				
Name of person t	Leave this area blank if the	information is th	ne same as that in	Section A	
Mailing address	Leave this area blank if the		ne same as that in	Section A	Telephone number
Mailing address	Leave this area blank if the	information is th	ne same as that in	Section A	Telephone number
Mailing address	Leave this area blank if the	Province P	ne same as that in	Section A	Telephone number
Mailing address	Leave this area blank if the	information is th	ne same as that in	Section A	Telephone number
Mailing address  City  To be signed onl	Leave this area blank if the to contact  Section by by a current officer of the organization.	Province P	ne same as that in	Section A	Telephone number
Mailing address  City  Fo be signed onless  THONGSAY	Leave this area blank if the to contact  y by a current officer of the organization.  PHANLOUVONG, of	Province P  on G – Certifi  WINNIPEG	ne same as that in	Section A	Telephone number
Mailing address  City  To be signed onl , THONGSAY	Leave this area blank if the to contact  Section by by a current officer of the organization.	Province P	ostal code	Area code	Telephone number
Mailing address  City  To be signed onl  THONGSAY  Name of office	Leave this area blank if the to contact  y by a current officer of the organization.  PHANLOUVONG r whose signature appears below (print)	Province P  on G – Certifi  WINNIPEG  MANITOBA	ostal code  cation  City and Province	Area code	,
Mailing address  City  To be signed onl  THONGSAY  Name of office	Leave this area blank if the to contact  y by a current officer of the organization.  PHANLOUVONG, of	Province P  fon G – Certifi  WINNIPEG  MANITOBA  best of my known	ostal code  cation  City and Province	Area code  and complete	,
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