

Place bar code label here

# REGISTERED CHARITY INFORMATION RETURN

#### Section A: Identification

- Guide T4033B, Completing the Registered Charity Information Return is available at www.cra.gc.ca/E/pub/tg/t4033b/README.html
- 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 your registered status.

If you did not receive a barcode label to affix to the	return, please provide the following:		
1. Charity's name:			
SCHOOL FOR KIDS IN LAOS INC.			
	BN/registration number:	4.	Web address (if applicable)
Year Month Day			
2009/12/31	830245411 RR 0001		WWW.SKLINC.ORG
[A1] Was the charity in a subordinate position to a pare If yes, please provide the name and BN/registration			
Name		E	BN (if applicable)
A2 Has the charity wound-up, dissolved, or terminate			1570 Yes X No
A3 All charities are designated as one of the following	g: a charitable organization, a		
public foundation, or a private foundation. Is your public foundation or private foundation?	organization designated as a		
(Refer to the Form TF725 Registered Charity Bas			
package.)  If yes, you must complete and attach Schedule 1,	Foundations, to your return.		
Section B: Directors/trustees and like officials			
B1 The charity is required to provide certain informati	for all manufacture of its board of discotors	/h	for the complete fined period. Only the public
by law (e.g. with certain other government departr include your own sheet with the same information Terms and Definitions included with the return page	. Charities subject to the Ontario Corporation	, Directors ons Act m	nay complete a blended worksheet. See Key
Section C: Programs and general information			
C1 Was the charity active during the fiscal period? If "Ongoing programs" space provided at C2	"No" explain why in the		
C2 In the space provided, describe all <b>ongoing</b> and <b>r</b> governing documents) this fiscal period. "Program as well as through qualified donees and intermedi its programs (e.g. number of volunteers and/or ho "programs" <b>does not</b> include fundraising activities	is" includes all of the charitable work the charies. The charity may also use this space urs). Grant-making charities should describ	narity carri to describ be the type	ies out on its own through employees or volunteel be the contributions of its volunteers in carrying of es of organizations they support. Please note that
Ongoing programs:			
To raise money in order to build	schools for children in	Laos	
			/
New programs:			

Approval code: 09002

Canad'ä

Fiscal period end 2009/12/31

BN/registration number 830245411RR0001

### 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?	020	Accrual	X 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	X No
Total assets (including land and buildings)	4200	\$	500.00
Total liabilities	4350	\$	500.00
Did the charity borrow from, loan to, or invest assets with any non-arm's length parties?	4400	Yes	X No
D3 Revenue:			
Did the charity issue tax receipts for donations?	4490	X Yes	No
If yes, what is the total eligible amount of all donations for which the charity issued tax receipts (except enduring property)	4500	\$	5,300.00
Total amount received from other charities (excluding specified gifts and enduring property)	4510	\$	600.00
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)	4530	\$	633.00
Did the charity receive any revenue from any level of Canadian government?	4565	Yes	X No
If yes, total amount received	4570	\$	.00
Total non tax-receipted amounts from all sources outside Canada (government and non-government)	4575	\$	.00
Total non tax-receipted amounts from fundraising	4630	\$	.00
Total revenue from sale of goods and services (except to any level of Canadian government)	4640	\$	.00
Other amounts not already included in the amounts above	4650	\$	.00
Total revenue (Add lines 4500 through 4650)	4700	\$	6,533.00
D4 Expenditures:			
What was the charity's total expenditure on professional and consulting fees?	4860	\$	.00
What was the charity's total expenditure on travel and vehicles?	4810	\$	.00
All other expenditures not already included in the amounts above	4920	\$	395.00
Total expenditures (excluding gifts to qualified donees) (Add lines 4860+4810+4920)	4950	\$	395.00
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?			
Total amount of gifts (excluding specified gifts) made to all qualified donees	5050	\$	.00
Total amount of specified gifts made to qualified donees	5070	\$	.00
Total expenditures (Add lines 4950 and 5050 + 5070)	5100	\$	395.00

Section E: Certification			
This return must be signed by a director/trustee offence under the <i>Income Tax Act</i> to provide f	or like official of the registered charity value or deceptive information.	who has authority to	sign on behalf of the charity. It is a serious
I certify that the information given on this form, th and current.	e basic information sheet, and any atta	achment is, to the be	est of my knowledge, correct, complete,
Name (please print):			Signature:
Thongsay Phanlouvong		Dete	Talanhana Na :
Position in charity:		Date: 2010/05/04	Telephone No.: 204-233-2712
PRESIDENT		2010/03/04	204 233 2712
Section F: Confidential data  F1 Provide the physical address of the charity a not sufficient.	nd the address in Canada for the char	ity's books and reco	rds. Post office box numbers and rural routes are
	Physical address of the	charity	Address for the charity's books and records
Number, street, apt. no., or lot and			
concession no.	245 THOMAS BERRY STREET		
City	WINNIPEG		
Province or territory and postal code	MB R2H0R2		
F2 Name and address of individual who comple	ted this return.		
Name:			
BDO Canada LLP Firm name (if applicable):			
700 - 200 Graham Avenue			
Number, street, apt. no., R.R. no., or P.O. box no	0.:		
Winnipeg City, province or territory, and postal code:			
Manitoba			R3C 4L5
Telephone number:	Is this the same person who certified	in section E?	Yes X No
204-956-7200			100 11 110
T3010B Registered Charity Information Return	n checklist		
Have you confirmed that all charity information sheet (BIS) is correct?  • If any changes are required to any of the interpretation			
Have you attached Form TF725, Registered	Charity Basic Information sheet (BIS)?	•	
Has the charity made any amendments to its • If yes, have you sent us an official copy of		•	e?
Have you completed Schedule 1, Foundation	s, if required?		
Have you attached Form T1235(09), Director	s/Trustees and Like Officials Workshe	et?	
Have you attached Form T1236(09), Qualified	d Donees Worksheet/Amounts Provide	ed to Other Organiza	ations, if required?
Have you completed Schedule 2, Activities C	Outside Canada, if required?		
Have you completed Schedule 3, Compensation	tion, if required?		
Have you completed Schedule 4, Confidentia	al Data, if required?		
Have you completed Schedule 5, Non-Cash			
X Have you completed Schedule 6, Detailed Fit	nancial Information, if required?		
Have you attached a copy of the charity's fina	ancial statements?		

Fiscal period end 2009/12/31

BN/registration number 830245411RR0001

BN/re	egistration number 830245411RR0001	Fis	cal period end 2	009/12/31	•			
			Foundati	ons			Scl	hedule 1
	Did the foundation acquire control of a corporation in						100 Yes	s X No
2	Did the foundation incur any debts at any time during purchasing or selling investments, or in administering	the fisc charita	cal period other the blue programs? .	nan for current	operating expenses		110 Yes	s X No
	private foundations only:							
, ت	At any time during the fiscal period, did the foundation owing to it that meet the definition of a non-qualified it	nvestm	ent?				120 Ye	s X No
4	Did the foundation own more than 2% of any class of fiscal period?	shares	of a corporation	at any time dui	ring this		130 Ye	s X No
	If yes, you must complete and attach Form T2081, E (Note: Only private foundations will have this worksh	xcess ( eet incl	Corporate Holding uded in their retu	gs <i>Worksheet</i> , t rn package.)	to your return.			
			Activities Outsi	de Canada			Sc	hedule 2
For	more information about carrying on programs outside	e Canac	da see the Chariti	es Directorate	website at www.cra	.gc.ca/cha	rities	
1	What were total expenditures on activities/programs/jexcluding gifts to qualified donees?	projects	carried on outside	de Canada duri	ng the fiscal period		200 \$	.00
2	Were any of the charity's resources provided for progincluding a contract, agency agreement, or joint ventiqualified donees)?	grams or ure to a	utside Canada ur ny other individua	nder any kind o al or entity (exc	f an arrangement luding gifts to		210 Ye	s X No
	If yes, enter the amounts of the total reported on line	200 tra	insferred to these	individuals/org	ganizations as requi	ired in the	following table.	
	Name of individual/organization		identif	the list on the y country cod ties were carr	e where		Amount (\$ ase show amou nearest single o	nts to the
	Using the list on the reverse, identify the countries who country codes in the following spaces.	here the	e charity itself car	ried on prograr	ns or provided any	of its resou	urces. Enter the	appropriate
			T					
4	Are any projects undertaken outside Canada funded Canadian International Development Agency (CIDA)	by the				,	220 Ye	s X No
	If yes, what was the total amount of funds expended	under t	:his arrangement	?			230 \$	.00
	Were any programs carried on outside Canada carrie						240 Ye	s X No
6	Were any programs carried on outside Canada carrie	ed out b	y volunteers of th	ne charity?			250 Ye	s X No
7	Is the charity exporting goods as part of its charitable	e progra	ms?				260 Ye	s X No
	If yes, list the items being exported, their value, their							
	Item		Value	D	estination (city/re	gion)	Co	untry code
					- / /			

## **COUNTRY CODES**

Compensation  Schedule 3  Inter 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.)  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, 999 310 \$40,000 - \$79,999 315 \$80,000 - \$119,999 320 \$120,000 - \$159,999 325 \$160,000 - \$199,999 330 \$200,000 - \$249,999 335 \$250,000 - \$299,999 340 \$300,000 - \$349,999 345 \$350,000 and over Denter the number of part-time or part-year (for example, seasonal) employees the charity employed during the fiscal period.	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 SD-Sudan UG-Uganda ZM-Zambia ZW-Zimbabwe QS-Other
represent the number of positions the charity had including both managerial positions and others, and should not include independent contractors.)  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, 999 310 \$40,000 - \$79,999 315 \$80,000 - \$119,999 320 \$120,000 - \$159,999 325 \$160,000 - \$199,999 330 \$200,000 - \$249,999 335 \$250,000 - \$299,999 340 \$300,000 - \$349,999 345 \$350,000 and over  2 a) Enter the number of part-time or part-year (for example, seasonal) employees the charity employed during the fiscal period			Compensation	Schedule 3
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the fiscal period	335 \$250,000 - \$	299,999 340	\$300,000 - \$349,999	345 \$350,000 and over
	2 a) Enter the number of part-tin the fiscal period	ne or part-year (for example, sea	asonal) employees the charity employed	during 370
b) What was the total expenditure on compensation for part-time or part-year employees in the fiscal period?	b) What was the total expendite	ure on compensation for part-tim	e or part-year employees in the	380 \$ .00
3 What was the charity's total expenditure on all compensation in the fiscal period?	(CONTENSION OF TAXABLE			

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 departments and agencies).  1. Information about Fundraisers  Please provide the name(s) and arm's length status of external fundraiser(s).  Name  At arm's length?  2. Information about Donors Not Resident in Canada  This schedule must be completed to report any donation of \$10,000 or more received from any donor that was not resident in Canada and was any of the following:  A Canadian citizen, nor  Employed 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 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				09/12/31	Fiscal period end 20	stration number 830245411RR0001
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Name  At arm's length?  2. Information about Donors Not Resident in Canada  This schedule must be completed to report any donation of \$10,000 or more received from any donor that was not resident in Canada and was 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 pusiness, corporate entity, charity, non-profit organization), a government or an individual by placing a check mark in the appropriate box.  Name  Amount  Organization  Government  Non-Cash Gifts  Sch  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						mation about Fundraisers
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<ul> <li>Employed in Canada, nor         <ul> <li>Carrying on business in Canada, nor</li> <li>A person having disposed of taxable Canadian property</li> </ul> </li> <li>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 requisiness, corporate entity, charity, non-profit organization), a government or an individual by placing a check mark in the appropriate box.</li> <li>Name</li> <li>Amount</li> <li>Organization</li> <li>Government</li> <li>Mon-Cash Gifts</li> <li>Sch</li> <li>Identify all types of non-cash gifts (gifts-in-kind) received for which a tax-receipt was issued:</li> <li>500</li> <li>Artwork/wine/jewellery</li> <li>Ecological properties</li> <li>Dublicly traded securities/mutual funds</li> </ul>	s not	in Canada and was	was <b>not</b> resident	ed from any donor that	n of \$10,000 or more receiv	
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 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  Non-Cash Gifts  Sch  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						anadian citizen, nor
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Non-Cash Gifts  Non-Cash Gifts  Sch  I 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	(101 example	oropriate box.	k mark in the app	ridual by placing a che	ation in the chart below. You in), a government or an indiv	the name of the donor and the value of the donors, corporate entity, charity, non-profit organization.
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	Individua	Government	Organization	Amount		Name
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500 Artwork/wine/jewellery 525 Ecological properties 550 Publicly traded securities/mutual funds	edule 5	Sche		ifts	Non-Cash G	
Soul Artwork/wine/jewellery Szol Ecological properties securities/mutual funds				: was issued:	eived for which a tax-receip	entify all types of non-cash gifts (gifts-in-kind) rec
				properties	525 Ecological	00 Artwork/wine/jewellery
	<b>s</b> )			ce policies	530 Life insuran	05 Building materials
510 Clothing/furniture/food 535 Medical equipment/supplies 560 Other		r	560 Othe	ipment/supplies	535 Medical equ	10 Clothing/furniture/food
515 Vehicles 540 Privately-held securities 565 Specify:			565 Specify:	eld securities	540 Privately-he	
520 Cultural properties 545 Machinery/equipment (including computers and software)		ware)				
2 Indicate the total eligible amount of tax receipted	00					
non-cash gifts	.00	580 \$				

Fiscal period end 2009/12/31

			Detailed Finance	cial Information		Sch	nedule 6
					1020 X	Accrua	l Cash
Statement of financial position							
Please show figures to the nearest single	dollar. S	See the	Key Terms and D	Definitions for a definition of the terms used.			
Assets:				Liabilities:	[]		
Cash, bank accounts, and short-term investments	4100	\$	16,383.00	Accounts payable and accrued liabilities  Deferred revenue	4300	\$	.00
Amounts receivable from non-arm's				Amounts owing to non-arm's length			
length parties	4110	\$	.00	parties	4320	\$	.00
Amounts receivable from all others	4120	\$	.00	Other liabilities	4330	\$	.00
Investments in non-arm's length parties	4130	\$	.00	Total liabilities (add lines 4300 to 4330)	4350	\$	.00
Long-term investments	4140	\$	.00				
Inventories	4150	\$	500.00				
Land and buildings in Canada	4155	\$	.00				
Other capital assets in Canada	4160	\$	.00				
Capital assets outside Canada	4165	\$	.00				
Accumulated amortization of capital assets	4166	\$	.00				
Other assets	4170	\$	.00	Amount included in lines 4150, 4155,			
Total assets (add lines 4100 to 4170)	4200	\$	16,883.00	4160, 4165 and 4170 not used in charitable programs	4250	\$	.00
Statement of operations							
Revenue:							
Total eligible amount of all gifts for which the c	harity is	sued ta	x receipts		4500	\$	5,300.00
For all tax-receipted gifts received during the f							
Total eligible amount of					5610	\$	.00
Total eligible amount of		S -25 4 4 5 50 5			5640	\$	.00
Total amount received from other registered c					4510	\$	600.00
Total specified gifts from other registered char					4520	\$	.00
Total enduring property from other registered of					4525	\$	.00
Total other gifts received for which a tax receip					4530	\$	.00
Total revenue received from federal government					4540	\$	.00
Total revenue received from provincial/territori					4550	\$	.00
Total revenue received from municipal/regiona					4560	\$	.00
Total revenue received from all sources outsic	-				4575	\$	.00
Total interest and investment income received					4580	\$	.00
Gross proceeds from disposition of assets .					4590	\$	.00
Net proceeds from disposition of assets (show					4600	\$	.00
Gross income received from rental of land and					4610	\$	.00
Non tax-receipted revenues received for mem					4620	\$	.00
Total non tax-receipted revenue from fundrais					4630	\$	.00
Total revenue from sale of goods and services	-				4640	\$	21,825.00
Other revenue not already included in the amo					4650	\$	633.00
Specify type(s) of revenue included in the amount 4650 (e.g., dividends)	ount repo	orted at	T-	655			
Total revenue (add line 4500, 4510 to 4580,					4700	\$	28,358.00
Expenditures:	restructed Field		•				
Advertising and promotion					4800	\$	.00
Travel and vehicle expenses					4810	\$	.00
Interest and bank charges					4820	\$	169.00
Licences, memberships, and dues					4830	\$	.00
Office supplies and expenses					4840	\$	226.00
Occupancy costs					4850	\$	.00
Professional and consulting fees					4860	\$	.00
Education and training for staff and volunteers					4870	\$	.00

BN/registration number 830245411RR0001 Fiscal period end 2009/12/31			
Total expenditure on all compensation (enter the amount reported at line 390 in Schedule 3	4880	\$	00
if applicable)	4890	\$	.00
Fair market value of all donated good used in charitable programs	4891	\$	.00
Total cost of all purchased supplies and assets	4900	\$	.00
Amortization of capitalized assets	4910	\$	.00
Total expenditure for research grants and scholarships as part of charitable programs	4920	\$	.00
Other expenditures not included in the amounts above	1020	<u> </u>	.00
Specify type(s) of expenditures included in the amount reported at 4920			
Total expenditures before gifts to qualified donees (add lines 4800 to 4920)	4950	\$	395.00
Lines 5000 to 5030 represent a breakdown of the expenditures on lines 4800 to 4920. The total of lines 5000 to 50	30 shou	ld equal li	ne 4950.
	E000	•	
Total expenditures on charitable programs	5000	\$	.00
Total expenditures on management and administration	5020	\$	.00
Total expenditures on fundraising	5030	\$	.00
Total expenditures on political activities, inside or outside Canada	5040	\$	.00
Total other expenditures included in line 4950	5050	\$	.00
Total amount of gifts (excluding enduring property and specified gifts) made to all qualified donees	5060	\$	.00
Total amount of enduring property transferred to qualified donees (excluding specified gifts of enduring property)	5070	\$	.00
Total amount of specified gifts made to qualified donees (including specified gifts of enduring property)	5100	\$	.00
Total expenditures (add amount from line 4950 and the amounts from lines 5050, 5060, and 5070)	3100	Φ	395.00
Other financial information			
Permission to accumulate property: Only registered charities that have written permission to accumulate should complete this question.			
Enter the amount accumulated for the fiscal period, including income earned on accumulated funds	5500	\$	.00
Enter the amount disbursed for the fiscal period for the specified purpose we have permitted	5510	\$	.00
Enter the amount deemed to be a tax-receipted gift for the fiscal period	5520	\$	.00
Enduring property and the capital gains pool			
From the amount reported at line 4950, what is the fair market value of all enduring property spent during the fiscal period?	5710	\$	.00
Enter the capital gains from the disposition of enduring property in the fiscal period. Do not enter an amount reflecting a capital loss or a negative amount in this field	5720	\$	.00
Is the charity claiming an amount that is less than the maximum capital gains reduction?	5730	Yes	X No
If yes, enter the amount from line 11 of Form T1259, Capital Gains and Disbursement  Quota Worksheet	5740	\$	.00
If the charity has received approval from the Charities Directorate to make a special reduction to its disbursement quota, enter the amount for the fiscal period	5750	\$	.00
Property not used in charitable activities			
Enter the value of property not used for charitable activities or administration during:			
The 24 months before the beginning of the fiscal period	5900	\$	.00
The 24 months before the end of the fiscal period	5910	\$	.00
		-	

BN/registration number 830245411RR0001

Canada Revenue Agence du revenu du Canada

Directors/Trustees and Like Officials Worksheet

Place bar 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).

ike Officials:	Total Number of Directors/Trustees and Like (	
conected on this form, including the confidential data, may be shared as permitted in of terms used.	available to the public. All of the information coile See the reverse of this form for an explanation of	

Public Information			Confidential Data			
Last name: PHANLOUVONG	First THONGSAY	Initial:	Home address – Street number and name:			
Director/Trustee/Like Officials Term ► Start Date: 2007/12/01	End Date: 2010/12/31		City:		Prov/Terr:	Postal Code:
Position: PRSIDENT	At arm's length with other Directors, etc.?		Telephone Number:	Date of Birth (mandatory for identification):	for identification):	
Last name: THOUDSANIKONE	First name: CHANTHANOUSONE	Initial:	Home address – Street number and name:			
Director/Trustee/Like Officials Term  Start Date: 2007/12/01	End Date: 2010/12/31		City:		Prov/Terr:	Postal Code:
Position: VICE-PRESIDENT	At arm's length with other Directors, etc.?		Telephone Number:	Date of Birth (mandatory for identification):	for identification):	
Last name: Jounor	First name: CEDRIC	Initial:	Home address – Street number and name:			
Director/Trustee/Like Officials Term ► Start Date: 2007/12/01	End Date: 2010/12/31		City:		Prov/Terr:	Postal Code:
Position: SECRETARY	At arm's length with other Directors, etc.? Yes $\overline{X}$ No		Telephone Number:	Date of Birth (mandatory for identification):	for identification):	
Last name: SONETHAVILAY	First name: CAM	Initial:	Home address – Street number and name:			
Director/Trustee/Like Officials Term ▶ Start Date: 2007/12/01	End Date: 2010/12/31		City:	-	Prov/Terr:	Postal Code:
Position: TREASURER	At arm's length with other Directors, etc.?		Telephone Number:	Date of Birth (mandatory for identification):	for identification):	
Last name: LUANGAPHAY	First name: INPONE	Initial:	Home address – Street number and name:			
Director/Trustee/Like Officials Term Director/Trustee/Like Officials Term Start Date: 2007/12/01	End Date: 2010/12/31		City:		Prov/Terr:	Postal Code:
Position:	At arm's length with other Directors, etc.?		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 Start Date:	End Date:		City:		Prov/Terr:	Postal Code:
Position:	At arm's length with other Directors, etc.?		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 Start Date:	End Date:		City:		Prov/Terr:	Postal Code:
Position:	At arm's length with other Directors, etc.?		Telephone Number:	Date of Birth (mandatory for identification):	for identification):	