

NON-PROFIT ORGANIZATION (NPO) INFORMATION RETURN

Do not use this area

This return is for:

- non-profit organizations (NPOs) described in paragraph 149(1)(l) 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

Section A – Identification

Fiscal period		From		Year	Month	Day	to	Year	Month	Day	Business Number (BN), if any (enter the first nine digits)
		2	0	9	0	1		2	0	9	8 5 6 3 7 9 4 3 3
Name of organization		Coast Economic Development Society									
Mailing address		1455 - 409 Granville Street									
City		Province		Postal code							
Vancouver		BC		V6C 1T2							
Name and title of person to contact		Elisa Kreller, Director of Finance and Administration									
		Area code		Telephone number							
		6 0 4		- 6 8 4 - 2 2 3							
		Trust (T3) number, if any		T							
		Is this the final return to be filed by this organization? If yes, attach an explanation.		1 Yes		2 No					
				<input type="checkbox"/>		<input checked="" type="checkbox"/>					
		Type of organization (see the guide, T4117)		3 0							

Section B – Amounts received during the fiscal period

Membership dues, fees, and assessments	100		
Federal, provincial, and/or municipal grants and payments	101		
Interest, taxable dividends, rentals, and royalties	102	2,264,680	00
Proceeds of disposition of capital property	103		
Gross sales and revenues from organizational activities	104		
Gifts	105		
Other receipts (specify)	106		
Total receipts (add lines 100 to 106)	107	2,264,680	00

Section C – Statement of assets and liabilities at the end of the fiscal period

Assets		Method used to record assets <u>Accrual</u>	
Cash and short-term investments	108	3,862,715	00
Amounts receivable from members	109		
Amounts receivable from all others (not included on line 109)	110	58,625	00
Prepaid expenses	111	7,467	00
Inventory	112		
Long-term investments	113	59,756,973	00
Fixed assets	114	37,423	00
Other assets (specify)	115		
Total assets (add lines 108 to 115)	116	63,723,203	00
Liabilities			
Amounts owing to members	117		
Amounts owing to all others (specify)	118	477,753	00
Total liabilities (add lines 117 and 118)	119	477,753	00

Section D – Remuneration

Total remuneration and benefits paid to all employees and officers	120	619,861	00
Total remuneration and benefits paid to employees and officers who are members	121		00
Other payments to members (specify)	122		00
Number of members in the organization			8
Number of members who received remuneration or other amounts			0

Section E – The organization's activities

Briefly describe the activities of the organization. If this is the organization's first year filing this return, attach a copy of the organization's Mission Statement.

To fund sustainable economic development initiatives in the central and northern coastal regions of British Columbia and Haida Gwaii, in collaboration with First Nations.

Are any of the organization's activities carried on outside of Canada? 1 Yes 2 No
 If yes, indicate where:

Section F – Location of books and records

Leave this area blank if the information is the same as that in Section A

Name of person to contact

Mailing address

City Province Postal code Area code Telephone number

Section G – Certification

To be signed only by a current officer of the organization.

I, **Beverley Briscoe**

, of **Vancouver, BC**

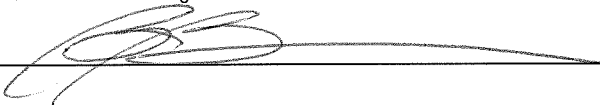
Name of officer whose signature appears below (print)

City and Province

certify that the information given on this return is, to the best of my knowledge, correct and complete.

Authorized officer's signature

Position or office within the organization



Treasurer

Date Year Month Day

Language of correspondence

Indicate the language of your choice

1 English **Anglais**

Langue de correspondance

Indiquer la langue de votre choix

2 Français **French**