



# REGISTERED CHARITY INFORMATION RETURN

02

## Section A – Identification



19 2006-12-31 888561065 RR 0001 1035542

eting the Registered

form, which is kept in a

your charity, please leave

Please attach a bar code label here before you mail this return. If no label, enter:

1. Fiscal Period Ending

2006 12 31  
Year Month Day

2. BN/registration number

A1 Has the charity made any changes to its governing documents during the fiscal period (e.g., letters patent, articles of incorporation, constitution, trust, or by-laws)? (If yes, see the guide.) 1500 ☐ Yes ☒ No

A2 Was the charity an internal division regulated by the governing documents of another charity (i.e., it had no governing documents establishing its independent existence)? If yes, what is the name and BN/registration number of the other charity? 1510 ☐ Yes ☒ No

Name

BN/registration number (#####RR####)

A3 Was the charity linked in a subordinate way to a provincial, national, or international organization? If yes, what is the name of this organization and its BN/registration number (if applicable)? 1540 ☐ Yes ☒ No

Name

BN/registration number (#####RR####)

1570 ☐ Yes ☒ No

1580 ☐ Yes ☒ No

## Directors/Trustees and Like Officials

Each list with the last name, first name, and initial of each director/trustee and like official, home address (including street number, street province or territory, and postal code), position in the charity, whether or not they were a director/trustee at the end of the fiscal period, number, if they are at arm's length from all other members of the governing board and their date of birth. **Only the Public Information worksheet is available to the public. The Confidential Information section is for the CCRA's use only and remains confidential.** Use the worksheet included in the guide or a sheet with the same format to enter this information, and attach it to the return. See the guide for an explanation of the term **arm's length**. Have you completed this section? 1700 ☒ Yes ☐ No

## Programs and General Information

1800 ☐ Yes ☒ No

the charity carried out its charitable purposes during the fiscal period. Give detailed information so a reader can clearly understand what the charity actually did to fulfill its mandate. Describe the charity's **ongoing programs** and **new programs** in the spaces provided below. Do **not** attach copies of paper or annual reports. Do **not** include a description of fundraising activities in this section. Grant-making charities should describe organizations they support. Please number each program. (See the guide for instructions on how to describe your programs.)

### Ongoing programs

The Egale Trust provides, on an ongoing basis, information and public education on issues that affect lesbian, gay, bisexual and trans people, and their families.

### New programs

This year, the Egale Trust distributed copies of its publication "Outlaws and Inlaws." The Egale Trust also hired a summer student for community outreach, and began work on a multi-year project to research LGBT youth issues in the public school system.

C3 For programs carried on in Canada, check the appropriate box to show where the programs were carried on.

2000 ☐ A single rural, city, or metropolitan area

2010 ☐ Provincially or territorially

2020 ☒ In more than one province or territory

**C4** Did the charity carry on programs, directly or indirectly, **outside** Canada? ..... 2100 ☐ Yes ☒ No  
 If yes, were any carried out:  
 • by employees or volunteers of the charity? ..... 2110 ☐ Yes ☐ No  
 • under agency agreement, contract, joint-venture, or similar arrangements? ..... 2120 ☐ Yes ☐ No  
 • through gifts to qualified donees? ..... 2130 ☐ Yes ☐ No  
 • by other means? ..... 2140 ☐ Yes ☐ No

**C5** For programs the charity managed directly, outside of Canada, list the countries or regions where programs were carried on. Do **not** include countries or regions where programs were managed by a qualified donee.


**C6** Did the charity issue scholarships, bursaries, awards, prizes, or honoraria to an individual during the fiscal period? ..... 2300 ☐ Yes ☒ No

**C7** A charity may pursue political activities that are non-partisan, related to its charitable purposes, and limited in extent. During the fiscal period, did the charity carry out political activities or provide assistance to another organization to carry out political activities? (See the guide for information on political activities.) ..... 2400 ☐ Yes ☒ No

**C8** If the charity carried on fundraising activities, check all fundraising methods that it used during the fiscal period.

2500 <input type="checkbox"/> Advertisements/posters/flyers/radio or TV commercials	2560 <input checked="" type="checkbox"/> Fundraising dinners/galas/concerts	2620 <input type="checkbox"/> Telephone solicitations
2510 <input type="checkbox"/> Auctions	2570 <input type="checkbox"/> Fundraising sales (e.g., cookies, chocolate)	2630 <input type="checkbox"/> Tournaments/sporting events
2520 <input type="checkbox"/> Bingo/casino nights	2580 <input type="checkbox"/> Mail campaigns	2640 <input type="checkbox"/> Walk-a-thons/bike-a-thons (etc.)
2530 <input type="checkbox"/> Collection plates/boxes	2590 <input checked="" type="checkbox"/> Planned-giving programs	2650 <input type="checkbox"/> Other
2540 <input type="checkbox"/> Door-to-door solicitation	2600 <input type="checkbox"/> Targeted corporate donations/sponsorships	2660 Specify: _____
2550 <input type="checkbox"/> Draws/lotteries	2610 <input type="checkbox"/> Targeted contacts	

**C9** Did the charity use incentive-based compensation (e.g., bonuses, commissions, finder's fees, honoraria) for fundraisers? ..... 2700 ☐ Yes ☒ No  
 If yes, were these incentives paid to:  
 • contracted fundraisers? ..... 2710 ☐ Yes ☐ No  
 • staff or volunteers? ..... 2720 ☐ Yes ☐ No

**C10** Did the charity charge fees for, or otherwise receive regular revenue from goods, services, or the use of the charity's assets? ..... 2800 ☐ Yes ☒ No

**C11** Did the charity make gifts to qualified donees? ..... 2900 ☐ Yes ☒ No  
 If yes, you **must** attach a list with the name of each qualified donee and its location, BN/registration number, the total amount of the gift for the fiscal period, the amount, if any, of specified gifts, and whether or not it is an associated charity. List the qualified donees in the order of the **total** amount of the gifts made, starting with the largest. Use the worksheet included in the guide or a sheet with the same information in the same format and attach it to this return.

**C12** If the charity received non-cash gifts (gifts in kind) for which it issued tax receipts, check all the types of gifts that apply.

3000 <input type="checkbox"/> Artwork/wine/jewellery	3040 <input type="checkbox"/> Cultural property	3080 <input type="checkbox"/> Publicly-traded securities/mutual funds
3010 <input type="checkbox"/> Building materials	3050 <input type="checkbox"/> Ecological property	3090 <input type="checkbox"/> Privately-held securities
3020 <input type="checkbox"/> Clothing/furniture/food	3060 <input type="checkbox"/> Machinery/equipment (including computers/software)	3100 <input type="checkbox"/> Other
3030 <input type="checkbox"/> Vehicles	3070 <input type="checkbox"/> Hedge funds/life insurance policies	3110 Specify: _____

## Section D – Compensation

**Note:** Compensation includes **all** forms of remuneration (e.g., salaries, fees, and honoraria) and benefits (e.g., personal use of a car or office space).

**D1** On average, how many permanent, full-time, compensated positions did the charity have in the fiscal period? ..... 3600

**D2** For the five highest compensated positions indicate the **number** of positions in each of the following **annual** compensation categories. Include only those positions that are **permanent, full-time positions**.

3700 <input type="text" value="0"/> \$1 – \$39,999	3710 <input type="text" value="0"/> \$40,000 – \$79,999	3720 <input type="text" value="0"/> \$80,000 – \$119,999	3730 <input type="text" value="0"/> \$120,000 and over
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**D3** On average, how many part-time or part-year employees did the charity employ in the fiscal period? ..... 3800

**D4** What was the total expenditure on compensation for part-time or part-year employees in the fiscal period? ..... 3850 \$ 5827.00

**D5** Did the charity compensate any of its directors/trustees or like officials, during the fiscal period? ..... 3900 ☐ Yes ☒ No

**D6** Except for compensation, did the charity, directly or indirectly, transfer any part of its income or assets to individuals or organizations not at arm's length to the charity? ..... 3950 ☐ Yes ☒ No



**Section E – Financial Information****E1** Was the financial information reported below prepared on an accrual or cash basis? 4020 ☒ Accrual ☐ Cash**E2** Please show figures to the nearest **single dollar**. Do not show cents. See the guide for an explanation of the terms.**Assets**

Cash, bank accounts, and short-term investments	4100	50 297.00
Amounts receivable from non-arm's length parties	4110	.00
Amounts receivable from all others	4120	486.00
Investments in non-arm's length parties	4130	.00
Long-term investments	4140	.00
Inventories	4150	.00
Capital assets (at cost or fair market value)	4160	.00
Other assets	4170	.00
<b>Total assets (add lines 4100 to 4170)</b>	<b>4200</b>	<b>50 783.00</b>

**Liabilities**

Accounts payable and accrued liabilities	4300	2000.00
Deferred revenue	4310	7554.00
Amounts owing to non-arm's length parties	4320	5983.00
Other liabilities	4330	.00
<b>Total liabilities (add lines 4300 to 4330)</b>	<b>4350</b>	<b>15 537.00</b>

Amount included in lines 4150, 4160, and 4170 not used in charitable programs

4250 .00

**E3** Please show figures to the nearest **single dollar**. Do not show cents. See the guide for an explanation of the terms.**Revenue**

Total eligible amount of tax-receipted gifts	4500	25 508.00
Total amount received from other registered charities	4510	7 100.00
Total specified gifts included in line 4510	4520	.00
Total enduring property included in line 4510 (See the guide.)	4525	.00
Total other gifts	4530	.00
Revenue from federal government	4540	2507.00
Revenue from provincial/territorial governments	4550	.00
Revenue from municipal/regional governments	4560	.00
Total revenue from government (add lines 4540, 4550, and 4560)	4570	2507.00
Interest and investment income	4580	330.00
Proceeds from disposition of assets gross	4590	.00
net	4600	.00
Rental income (land and buildings)	4610	.00
Memberships, dues, and association fees (non tax-receipted)	4620	.00
Total revenue from fundraising	4630	.00
Total revenue from sale of goods and services (except to government)	4640	.00
Other revenue	4650	4678.00
<b>Total revenue (add lines 4500, 4510, 4530, 4570, 4580, and 4600 to 4650)</b>	<b>4700</b>	<b>40 123.00</b>

**Expenditures (Enter all expenditures, whether or not on charitable programs)**

Advertising and promotion	4800	.00
Travel and vehicle	4810	.00
Interest and bank charges	4820	53.00
Licences, memberships, and dues	4830	.00
Office supplies and expenses	4840	.00
Occupancy costs	4850	.00
Professional and consulting fees	4860	1862.00
Education and training for staff and volunteers	4870	.00
Salaries, wages, benefits, and honoraria	4880	5827.00
Donated and purchased supplies and assets expensed for the fiscal period	4890	.00
Amortization of capitalized assets	4900	.00
Research grants and scholarships as part of charitable programs	4910	.00
Other expenditures	4920	7451.00
<b>Total expenditures before gifts to qualified donees (add lines 4800 to 4920)</b>	<b>4950</b>	<b>15 193.00</b>

Total charitable programs expenditures included in line 4950	5000	15 193.00
Total management and administration expenditures included in line 4950	5010	.00
Total fundraising expenditures included in line 4950	5020	.00
Total political activity expenditures included in line 4950	5030	.00
Total other expenditures included in line 4950	5040	.00

Total gifts to qualified donees excluding enduring property	5050	.00
Total enduring property transferred to qualified donees (See the guide.)	5060	.00
Total specified gifts to qualified donees (See the guide.)	5070	.00
<b>Total expenditures (add lines 4950, 5050, 5060 and 5070)</b>	<b>5100</b>	<b>15 193.00</b>

## Section F – Other Required Information

<b>F1</b>	What were the total expenditures on programs <b>outside</b> Canada during the fiscal period, excluding gifts to qualified donees? . . .	<b>5400</b>	\$	.00
<b>F2</b>	If the charity retained contracted fundraiser(s), enter:			
	a. the gross revenues collected by the fundraiser(s) on behalf of the charity . . . . .	<b>5450</b>	\$	.00
	b. the amounts paid to and/or retained by the fundraiser(s) . . . . .	<b>5460</b>	\$	.00
	c. the net fundraising revenue received by the charity (line 5450 minus line 5460). . . . .	<b>5470</b>	\$	.00
<b>F3</b>	If the charity has written permission to accumulate property, enter:			
	• the amount accumulated for the fiscal period, including income earned for the fiscal period on previously accumulated funds . . . . .	<b>5500</b>	\$	.00
	• the amount disbursed for the fiscal period for the specified purpose we have granted permission for . . . . .	<b>5510</b>	\$	.00
	• the amount deemed to be a tax-receipted gift for the fiscal period . . . . .	<b>5520</b>	\$	.00
<b>F4</b>	Of the tax-receipted gifts received by the charity for the fiscal period, enter:			
	• the total eligible amount of tax-receipted non-cash gifts (gifts in kind) . . . . .	<b>5600</b>	\$	
	• the total eligible amount of tax-receipted tuition fees . . . . .	<b>5610</b>	\$	
	• the total eligible amount of tax-receipted enduring property . . . . .	<b>5640</b>	\$	.00
<b>F5</b>	Enter the amount, if any, of enduring property spent in the fiscal period. (See the guide.) . . . . .	<b>5710</b>	\$	.00
<b>F6</b>	Enter the capital gains from the disposition of enduring property in the fiscal period. (See the guide.) . . . . .	<b>5720</b>	\$	.00
<b>F7</b>	Is the charity claiming an amount that is less than the maximum capital gains reduction? (See the guide.) . . . . .	<b>5730</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, enter the amount from line 11 of form T1259. (See the guide.) . . . . .	<b>5740</b>	\$	.00
<b>F8</b>	If the charity is taking a special reduction, which we have approved, to its disbursement quota, enter the special reduction amount for the fiscal period. . . . .	<b>5750</b>	\$	.00
<b>F9</b>	Did the charity acquire a non-qualifying security or allow a donor to use any of the charity's property under the circumstances described in the guide during the fiscal period? . . . . .	<b>5800</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F10</b>	Indicate the average value of property <b>not</b> used for charitable activities or administration during:			
	• the 24 months before the <b>beginning</b> of the fiscal period . . . . .	<b>5900</b>	\$	.00
	• the 24 months before the <b>end</b> of the fiscal period . . . . .	<b>5910</b>	\$	.00

## Section G – For Foundations Only

**Note:** See the guide for an explanation of the terms and requirements of this section.

<b>G1</b>	In the fiscal period, did the foundation acquire control of a share-capital or for-profit corporation? . . . . .	<b>6000</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>G2</b>	Did the foundation incur debts at any time during the fiscal period other than for current operating expenses, in purchasing or selling investments, or in administering charitable programs? . . . . .	<b>6100</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>G3</b>	<b>For private foundations only:</b> At any time during the fiscal period, did the foundation hold any shares, rights to acquire such shares, or debts owing to it that meet the definition of a non-qualified investment? . . . . .	<b>6150</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section H – Certification

<b>H1</b>	<b>To be completed by a director/trustee or like official of the charity. It is a serious offence under the <i>Income Tax Act</i> to provide false or deceptive information.</b>		
	I certify that the information given on this form, the basic information sheet, and any attachments is, to the best of my knowledge, correct, complete, and current.		
	Name (please print) <u>NIGEL FLEAR</u>	Position in charity <u>PRESIDENT</u>	
	Signature <u>[Redacted]</u>	Date signed <u>[Redacted]</u>	

## Section I – Confidential Data

<b>I1</b>	Physical location (address) of the charity (Do not use rural route or post office box numbers.)	
	Number, street, apt. no., or lot and concession no.	[Redacted]
	City	[Redacted]
	Province or territory and postal code	[Redacted]
<b>I2</b>	Location of the charity's books and records	
	Number, street, apt. no., or lot and concession no.	[Redacted]
	City	[Redacted]
	Province or territory and postal code	[Redacted]
<b>I3</b>	Name and address of the person who completed this return	
	Name	[Redacted]
	Firm name (if applicable)	[Redacted]
	Number, street, apt. no., R.R. no., or P.O. box no.	[Redacted]
	City	[Redacted]
	Province or territory and postal code	[Redacted]





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## Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like official, his or her position in the charity, whether or not they were a director/trustee at year end, and whether they are at arm's length from all other members of the charity's Board of Directors/Trustees. The "Confidential information" section is for CRA's use only and remains confidential. See the guide for an explanation of the term arm's length.

Public information		Confidential information	
Last name: <b>KELLY</b>	First name: <b>NOBLE</b>	Initial:	
Position in charity: <b>Director</b>	Director/Trustee at year end? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Arm's length: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: <b>BUSBY</b>	First name: <b>KAREN</b>	Initial:	
Position in charity: <b>Director</b>	Director/Trustee at year end? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: <b>WILSON</b>	First name: <b>MICKEY</b>	Initial:	
Position in charity: <b>Secretary Director</b>	Director/Trustee at year end? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Arm's length: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: <b>COOK</b>	First name: <b>HILARY</b>	Initial:	
Position in charity: <b>Vice President Director</b>	Director/Trustee at year end? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: <b>WATT</b>	First name: <b>JAIME</b>	Initial:	
Position in charity: <b>Director</b>	Director/Trustee at year end? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: <b>FLAR</b>	First name: <b>NIGEL</b>	Initial:	
Position in charity: <b>President</b>	Director/Trustee at year end? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: <b>PUIGDEMONT SOLA</b>	First name: <b>OLGA</b>	Initial:	
Position in charity: <b>Director</b>	Director/Trustee at year end? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Arm's length: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: <b>KUSHNER</b>	First name: <b>JEFFREY DAVID</b>	Initial:	
Position in charity: <b>Director</b>	Director/Trustee at year end? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: <b>ROSE</b>	First name: <b>SUSAN</b>	Initial:	
Position in charity: <b>Director</b>	Director/Trustee at year end? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Arm's length: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



### Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like official and their date of birth, home address (including street number, street name, city, province or territory and postal code), position in the charity, telephone number, and whether or not they are at arm's length from other members of the charity's Board of Directors/Trustees. **Only the person's name, position in the charity, and their arm's length status will be made public. All other information will be kept confidential.** See the guide for an explanation of the term **arm's length**.

Last name: KIM First name: LAM Initial: Date of birth:

Position in charity: CHAIRMAN Arm's length ☒ Yes ☐ No

Last name: MYER (Fitchett) First name: PHILLIPA Initial: Date of birth:

Position in charity: VICE-CHAIRPERSON Arm's length ☒ Yes ☐ No

Last name: HUBBERT First name: PENNY Initial: Date of birth:

Position in charity: SECRETARY Arm's length ☒ Yes ☐ No

Last name: VIVIAN First name: MARIAN Initial: Date of birth:

Position in charity: ASSIST SECRETARY Arm's length ☐ Yes ☒ No

Last name: VIVIAN First name: KEITH Initial: Date of birth:

Position in charity: TREASURER Arm's length ☐ Yes ☒ No

Last name: AKHAVAN First name: NOORA Initial: Date of birth:

Position in charity: MEMBER Arm's length ☐ Yes ☒ No

Last name: NAJAF-TOOMBAEI First name: MEHRAN Initial: Date of birth:

Position in charity: MEMBER Arm's length ☐ Yes ☒ No

Last name: RUSSELL First name: ROBERT Initial: Date of birth:

Position in charity: MEMBER Arm's length ☒ Yes ☐ No

Last name: GAUTHIER First name: MAY Initial: Date of birth:

Position in charity: MEMBER Arm's length ☒ Yes ☐ No

Last name: First name: Initial: Date of birth: Year Month Day

Street number and name:

City: Province or territory: Postal code:

Telephone number: Position in charity: Arm's length ☐ Yes ☐ No

Last name: First name: Initial: Date of birth: Year Month Day

Street number and name:

City: Province or territory: Postal code:

Telephone number: Position in charity: Arm's length ☐ Yes ☐ No





## Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like official, (for territory and postal code), position in the charity, whether or not they were a director/trustee, they are at arm's length from all other members of the charity's Board of Directors/Trustees. The worksheet is made available to the public. The "Confidential information" section is for CRA's use only and remains confidential. See the guide for an explanation of the term arm's length.

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Public information			Confidential information			
Last name: <b>NYCUM</b>	First name: <b>BEUDIG</b>	Initial:				
Position in charity: <b>Treasurer</b>	Director/Trustee at year end? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:	Street number and name: City:			
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:	
			Date of birth:	Year	Month	Day
Last name:	First name:	Initial:	Street number and name: City:			
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:	
			Date of birth:	Year	Month	Day
Last name:	First name:	Initial:	Street number and name: City:			
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:	
			Date of birth:	Year	Month	Day
Last name:	First name:	Initial:	Street number and name: City:			
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:	
			Date of birth:	Year	Month	Day
Last name:	First name:	Initial:	Street number and name: City:			
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:	
			Date of birth:	Year	Month	Day
Last name:	First name:	Initial:	Street number and name: City:			
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:	
			Date of birth:	Year	Month	Day
Last name:	First name:	Initial:	Street number and name: City:			
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:	
			Date of birth:	Year	Month	Day
Last name:	First name:	Initial:	Street number and name: City:			
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:	
			Date of birth:	Year	Month	Day



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**EGALE CANADA - HUMAN RIGHTS TRUST**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2006**



**EGALE CANADA - HUMAN RIGHTS TRUST****TABLE OF CONTENTS**

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## AUDITORS' REPORT

To the members  
Egale Canada - Human Rights Trust

We have audited the statement of financial position of Egale Canada - Human Rights Trust as at December 31, 2006 and the statements of operations and changes in net assets for the year then ended. The financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

Except as explained in the following paragraph, we conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In common with many charitable organizations, the Organization derives revenue from donations, the completeness of which is not susceptible of satisfactory audit verification. Accordingly, our verification of these revenues was limited to the amount recorded in the records of the Organization and we were not able to determine whether any adjustments might be necessary to revenue from donations, excess of revenue over expenses, assets and net assets.

In our opinion, except for the effect of the adjustments, if any, which we may have determined to be necessary had we been able to satisfy ourselves concerning the completeness of the revenue from donations referred to in the preceding paragraph, these financial statements present fairly, in all material respects, the financial position of the Organization as at December 31, 2006 and the results of its operations and its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered Accountants, Licensed Public Accountants

Ottawa, Ontario



**EGALE CANADA - HUMAN RIGHTS TRUST****STATEMENT OF OPERATIONS****FOR THE YEAR ENDED DECEMBER 31, 2006****(unaudited)****2**

	<b>2006</b>	<b>2005</b>
<b>REVENUE</b>		
General donations	\$ 16,133	11,519
Event related donations	19,785	22,280
Projects	3,780	31,296
Other	425	
	<b>40,123</b>	<b>65,095</b>
<b>EXPENSES</b>		
Salaries and benefits	5,827	-
Projects	(769)	44,765
Events	5,000	13,900
Administration	3,220	3,555
Professional fees	1,862	1,814
Bank charges	53	111
	<b>15,193</b>	<b>64,145</b>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>\$ 24,930</b>	<b>950</b>

**EGALE CANADA - HUMAN RIGHTS TRUST****STATEMENT OF CHANGES IN NET ASSETS****FOR THE YEAR ENDED DECEMBER 31, 2006****(unaudited)****3**

	<b>2006</b>	<b>2005</b>
<b>BALANCE, BEGINNING OF YEAR</b>	<b>\$ 10,316</b>	<b>9,366</b>
<b>Excess of revenue over expenses</b>	<b>24,930</b>	<b>950</b>
<b>BALANCE, END OF YEAR</b>	<b>\$ 35,246</b>	<b>10,316</b>

**EGALE CANADA - HUMAN RIGHTS TRUST****STATEMENT OF FINANCIAL POSITION****DECEMBER 31, 2006****(unaudited)****4**

	<b>2006</b>	<b>2005</b>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 50,297	17,269
Accounts receivable	486	486
Advances to a related party	-	2,115
	<b>\$ 50,783</b>	<b>19,870</b>

**LIABILITIES****CURRENT LIABILITIES**

Accounts payable and accrued liabilities	\$ 2,000	2,000
Deferred revenue	7,554	7,554
Due to a controlled entity, without interest	5,983	-
	<b>15,537</b>	<b>9,554</b>

**NET ASSETS**

Unrestricted	<b>35,246</b>	<b>10,316</b>
	<b>\$ 50,783</b>	<b>19,870</b>

**ON BEHALF OF THE BOARD**

\_\_\_\_\_, Director

\_\_\_\_\_, Director

**EGALE CANADA - HUMAN RIGHTS TRUST****NOTES TO THE FINANCIAL STATEMENTS****DECEMBER 31, 2006****(unaudited)****\$****1. STATUTE AND NATURE OF OPERATIONS**

Égale Canada – Human Rights Trust, a non-profit organization, incorporated under the Canada Corporations Act, is committed to advancing the policy that the dignity and worth of all persons be recognized and that equal rights and opportunities be provided to all Canadians without discrimination. The Organization is tax exempt.

**2. SIGNIFICANT ACCOUNTING POLICIES****Use of estimates**

The preparation of financial statements in compliance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual amounts could differ from these estimates.

**Revenue recognition**

The Organization follows the deferral method of accounting for revenue relating to projects. Projects revenue is recognized only when all of the significant foreseeable expenditures related to the revenue source have been incurred in a year. Otherwise, such revenue is deferred until the related expenditures have been incurred.

Due to the uncertainty involved in collecting pledged donations, they are not recorded until received.

**3. RELATED ENTITY**

The Organization is governed by the same board of directors as Égale Canada.

Égale Canada's condensed financial statements as at December 31, 2006 and for the financial year then ended are as follows:

	2006	2005
<b>Financial position</b>		
Total assets	\$ 63,053	54,001
Total liabilities	\$ 27,846	5,791
Total net assets	35,207	48,210
	\$ 63,053	54,001
<b>Revenue and expenses</b>		
Total revenue	\$ 365,341	533,739
Total expenses	378,344	503,792
Excess of expenses over revenue	\$ (13,003)	29,947

**4. FINANCIAL INSTRUMENTS****Fair value**

The carrying value of cash, accounts receivable, accounts payable, accrued liabilities and due to a related party approximate their fair value, given their short-term maturities.