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REGISTERED CHARITY INFORMATION RETURN

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Section A: Identification

- Guide T4033, *Completing the Registered Charity Information Return*, is available through our Forms and publications Web pages at [www.cra.gc.ca/charities](http://www.cra.gc.ca/charities).
- 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 its registered status.

**If you did not receive a barcode label to affix to the return, please complete the following:**

1. Charity name:

2. Return for fiscal period ending:  

Year	Month	Day
2   0   1   2   1   2   3   1		

3. BN/registration number:

4. Web address (if applicable):

**A1** Was the charity in a subordinate position to a parent organization? ..... **1510**  Yes  No

If yes, please provide the name and BN/registration number of the organization.

Name	BN (if applicable)

**A2** Has the charity wound-up, dissolved, or terminated operations? ..... **1570**  Yes  No

**A3** All charities are designated as one of the following: a charitable organization, a public foundation, or a private foundation. Is your organization designated as a public foundation or private foundation? ..... **1600**  Yes  No

(Refer to the Form TF725, *Registered Charity Basic Information Sheet (BIS)* to confirm. This form is included in the return 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 information for all members of its board of directors/trustees for the complete fiscal period. Only the **public information** section on the worksheet is available to the public. The **confidential data** section is for the CRA's use but may be shared as permitted by law (e.g., with certain other government departments and agencies). Use Form T1235, *Directors/Trustees and Like Officials Worksheet*, or include your own sheet with the **same** information. Charities subject to the Ontario *Corporations Act* may complete a blended worksheet.

Section C: Programs and general information

**C1** Was the charity active during the fiscal period? If no, explain why in the "Ongoing programs" space provided at C2 ..... **1800**  Yes  No

**C2** In the space provided, describe all **ongoing** and **new** charitable programs the charity carried on to further its charitable purpose(s) (as defined in its governing documents) this fiscal period. "Programs" includes all of the charitable work the charity carries out on its own through employees or volunteers as well as through qualified donees and intermediaries. The charity may also use this space to describe the contributions of its volunteers in carrying out its programs (e.g., number of volunteers and/or hours). Grant-making charities should describe the types of organizations they support. Please note that "programs" **does not** include fundraising activities. **Do not attach additional sheets of paper or annual reports.**

Ongoing programs:  
**The Coalition makes grants to universities and research institutions engaged in research and clinical study related to prostate and related cancers. The Coalition also maintains a website to disseminate written material to educate physicians and patients about new diagnostic and therapeutic options for prostate cancer.**

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New programs:

**Registered charities may make gifts to qualified donees. Qualified donees are other registered Canadian charities, as well as certain other organizations described in the *Income Tax Act*.**

**C3** Did the charity make gifts or transfer funds to qualified donees or other organizations? ..... **2000**  Yes  No

If **yes**, you must complete and attach Form T1236, *Qualified Donees Worksheet/Amounts Provided to Other Organizations*, to your return.

**C4** Did the charity carry on, fund, or provide any resources through employees, volunteers, agents, joint ventures, contractors, or any other individuals, intermediaries, entities, or means (other than qualified donees) for any activity/program/project outside Canada? ..... **2100**  Yes  No

If **yes**, you must complete and attach Schedule 2, *Activities Outside Canada*, to your return.

**A registered charity may pursue political activities to retain, oppose, or change the law, policy, or decision of any level of government inside or outside Canada provided the activities are non-partisan, related to its charitable purposes, and limited in extent.**

**C5** (a) Did the charity carry on any political activities during the fiscal period? ..... **2400**  Yes  No

(b) Enter the total amount spent by the charity on these activities ..... **5030** \$ \_\_\_\_\_

**C6** If the charity carried on fundraising activities or engaged third parties to carry on fundraising activities on its behalf, tick all fundraising methods that it used during the fiscal period.

- |  |  |  |
|--|--|--|
| <b>2500</b> <input type="checkbox"/> Advertisements/print/radio/TV commercials | <b>2570</b> <input type="checkbox"/> Fundraising sales (e.g., cookies)         | <b>2620</b> <input type="checkbox"/> Telephone/TV solicitations            |
| <b>2510</b> <input type="checkbox"/> Auctions                                  | <b>2575</b> <input type="checkbox"/> Internet                                  | <b>2630</b> <input checked="" type="checkbox"/> Tournament/sporting events |
| <b>2530</b> <input type="checkbox"/> Collection plate/boxes                    | <b>2580</b> <input type="checkbox"/> Mail campaigns                            | <b>2640</b> <input type="checkbox"/> Cause-related marketing               |
| <b>2540</b> <input type="checkbox"/> Door-to-door solicitation                 | <b>2590</b> <input type="checkbox"/> Planned-giving programs                   | <b>2650</b> <input type="checkbox"/> Other                                 |
| <b>2550</b> <input type="checkbox"/> Draws/lotteries                           | <b>2600</b> <input type="checkbox"/> Targeted corporate donations/sponsorships | <b>2660</b> Specify: _____   |
| <b>2560</b> <input type="checkbox"/> Fundraising dinners/galas/concerts        | <b>2610</b> <input checked="" type="checkbox"/> Targeted contacts              |  |

**C7** Did the charity pay external fundraisers? ..... **2700**  Yes  No

If **yes**, you must complete the following lines, and complete and attach Schedule 4, *Confidential Data*, 1. Information about Fundraisers.

(a) Enter the gross revenue collected by the fundraisers on behalf of the charity ..... **5450** \$ \_\_\_\_\_ **0.00**

(b) Enter the amounts paid to and/or retained by the fundraisers ..... **5460** \$ \_\_\_\_\_ **0.00**

(c) Identify the method of payment to the fundraiser:

- |  |   |  |
|--|---|--|
| <b>2730</b> <input type="checkbox"/> Commissions | <b>2750</b> <input type="checkbox"/> Finder's fees        | <b>2770</b> <input type="checkbox"/> Honoraria |
| <b>2740</b> <input type="checkbox"/> Bonuses     | <b>2760</b> <input type="checkbox"/> Set fee for services | <b>2780</b> <input type="checkbox"/> Other     |
|  |   | <b>2790</b> Specify: _____                     |

(d) Did the fundraiser issue tax receipts on behalf of the charity? ..... **2800**  Yes  No

**C8** Did the charity compensate any of its directors/trustees or like officials or persons not at arm's length from the charity for services provided during the fiscal period (other than reimbursement for out-of-pocket expenses)? ..... **3200**  Yes  No

**C9** Did the charity incur any expenses for compensation of employees during the fiscal period? ..... **3400**  Yes  No

If **yes**, you must complete and attach Schedule 3, *Compensation*, to your return.

**C10** Did the charity receive any donations or gifts of any kind valued at \$10,000 or more from any donor that was **not** resident in Canada and was **not** any of the following? ..... **3900**  Yes  No

- A Canadian citizen, nor
- Employed in Canada, nor
- Carrying on business in Canada, nor
- A person having disposed of taxable Canadian property?

If **yes**, you must complete and attach Schedule 4, *Confidential Data*, 2. Information about Donors Not Resident in Canada, for each donation of \$10,000 or more.

**C11** Did the charity receive any non-cash gifts (gifts-in-kind) for which it issued tax receipts? ..... **4000**  Yes  No

If **yes**, you must complete and attach Schedule 5, *Non-Cash Gifts*, to your return.

**C12** Did the charity acquire a non-qualifying security? ..... **5800**  Yes  No

**C13** Did the charity allow a donor to use any of the charity's property during the fiscal period? (except for permissible uses) ..... **5810**  Yes  No

**C14** Did the charity issue any of its tax receipts for donations on behalf of another organization? ..... **5820**  Yes  No

**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 property (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.

Please show all figures to the nearest single dollar.

**D1** Was the financial information reported below prepared on an accrual or cash basis? 4020  Accrual  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  No  
 Total assets (including land and buildings) 4200 \$ \_\_\_\_\_  
 Total liabilities 4350 \$ \_\_\_\_\_  
 Did the charity borrow from, loan to, or invest assets with any non-arm's length parties? 4400  Yes  No

**D3 Revenue:**

Did the charity issue tax receipts for donations? 4490  Yes  No  
 If **yes**, what is the total eligible amount of all donations for which the charity issued tax receipts? 4500 \$ \_\_\_\_\_  
 Total amount of 10 year gifts received 4505 \$ \_\_\_\_\_  
 Total amount received from other registered charities 4510 \$ \_\_\_\_\_  
 What is the total amount for all other donations received for which a tax receipt was **not** issued by the charity? 4530 \$ \_\_\_\_\_  
 (excluding amounts at lines 4575 and 4630)  
 Did the charity receive any revenue from any level of Canadian government? 4565  Yes  No  
 If **yes**, total amount received 4570 \$ \_\_\_\_\_  
 Total non tax-receipted amounts from all sources outside Canada (government and non-government) 4575 \$ \_\_\_\_\_  
 Total non tax-receipted amounts from fundraising 4630 \$ \_\_\_\_\_  
 Total revenue from sale of goods and services (except to any level of Canadian government) 4640 \$ \_\_\_\_\_  
 Other amounts not already included in the amounts above 4650 \$ \_\_\_\_\_  
**Total revenue (Add lines 4500 to 4650, excluding line 4505)** 4700 \$ \_\_\_\_\_

**D4 Expenditures:**

What was the charity's total expenditure on professional and consulting fees? 4860 \$ \_\_\_\_\_  
 What was the charity's total expenditure on travel and vehicles? 4810 \$ \_\_\_\_\_  
 All other expenditures not already included in the amounts above (excluding gifts to qualified donees) 4920 \$ \_\_\_\_\_  
**Total expenditures (excluding gifts to qualified donees) (Add lines 4860, 4810, and 4920)** 4950 \$ \_\_\_\_\_  
 Of the total amount at line 4950:  
 a) How much did the charity spend on charitable programs? 5000 \$ \_\_\_\_\_  
 b) How much did the charity spend on management and administration? 5010 \$ \_\_\_\_\_  
 Total amount of gifts made to all qualified donees 5050 \$ \_\_\_\_\_  
**Total expenditures (Add lines 4950 and 5050)** 5100 \$ \_\_\_\_\_

**Section E: Certification**

This return **must** be signed by a director/trustee or like official of the registered charity who has authority to sign on behalf of the charity. **It is a serious offence under the *Income Tax Act* to provide false or deceptive information.**

I certify that the information given on this form, the basic information sheet, and any attachment is, to the best of my knowledge, correct, complete, and current.

Name (please print): <b>Helen Hsieh</b>		Signature: 
Position in charity: <b>Treasurer and Secretary</b>	Date: <b>2013-06-26</b>	Telephone No: <b>855-364-2871</b>

**Section F: Confidential Data**

**F1** Provide the physical address of the charity and the address in Canada for the charity's books and records. Post office box numbers and rural routes are not sufficient.

	Physical address of the charity	Address for the charity's books and records
Number, street, apt. no., or lot and concession no.	<b>Robson Court, 1000-840 Howe Street</b>	<b>Robson Court, 1000-840 Howe Street</b>
City	<b>Vancouver</b>	<b>Vancouver</b>
Province or territory and postal code	<b>BC V6Z2M1</b>	<b>BC V6Z2M1</b>

**F2** Name and address of individual who completed this return.

Name: <b>George Chong</b>	
Firm name (if applicable):	
Number, street, apt. no., R.R. no., or P.O. box no.: <b>1250 Fourth Street, Suite 360</b>	
City, province or territory, and postal code: <b>Santa Monica, CA 90401</b>	
Telephone No.: <b>310-570-4728</b>	Is this the same individual who certified in Section E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**T3010, Registered Charity Information Return, checklist**

- Have you confirmed that all charity information included in the Form TF725, **Registered Charity Basic Information Sheet** (BIS) is correct?
- Some changes can be made **directly** on the BIS.
- Have you attached Form TF725, **Registered Charity Basic Information Sheet** (BIS)?
- Has the charity made any amendments to its governing documents during the fiscal period?
- **If yes**, have you sent us an official copy of the amended governing documents in a separate envelope?
- Have you completed Schedule 1, **Foundations**, if required?
- Have you attached Form T1235, **Directors/Trustees and Like Officials Worksheet**?
- Have you attached Form T1236, **Qualified Donees Worksheet/Amounts Provided to Other Organizations**, if required?
- Have you completed Schedule 2, **Activities Outside Canada**, if required?
- Have you completed Schedule 3, **Compensation**, if required?
- Have you completed Schedule 4, **Confidential Data**, if required?
- Have you completed Schedule 5, **Non-Cash Gifts**, if required?
- Have you completed Schedule 6, **Detailed Financial Information**, if required?
- Have you attached a copy of the charity's financial statements?



**Foundations**

**Schedule 1**

- 1** Did the foundation acquire control of a corporation in the fiscal period? ..... **100**  Yes  No
- 2** Did the foundation incur any debts at any time during the fiscal period other than for current operating expenses, purchasing or selling investments, or in administering charitable programs? ..... **110**  Yes  No

**For private foundations only:**

- 3** At any time during the fiscal period, did the foundation hold any shares, rights to acquire shares, or debts owing to it that meet the definition of a non-qualified investment? ..... **120**  Yes  No
- 4** Did the foundation own more than 2% of any class of shares of a corporation at any time during this fiscal period? ..... **130**  Yes  No

If **yes**, you must complete and attach Form T2081, *Excess Corporate Holdings Worksheet*, to your return.  
 (Note: Only private foundations will have this worksheet included in their return package.)

**Activities Outside Canada**

**Schedule 2**

For more information about carrying on programs outside Canada see the Charities Directorate website at [www.cra.gc.ca/charities](http://www.cra.gc.ca/charities)

- 1** What were total expenditures on activities/programs/projects carried on outside Canada during the fiscal period, excluding gifts to qualified donees? ..... **200** \$ 0.00
- 2** Were any of the charity's resources provided for programs outside Canada under any kind of an arrangement including a contract, agency agreement, or joint venture to any other individual or entity (excluding gifts to qualified donees)? ..... **210**  Yes  No

If **yes**, enter the amounts of the total reported on line 200 transferred to these individuals/organizations as required in the following table:

Name of individual/organization	Using the list on the reverse, identify country code where activities were carried on.	Amount (\$) Show amounts to the nearest single dollar.

- 3** Using the list on the reverse, identify the countries where the charity itself carried on programs or provided any of its resources. Enter the appropriate country codes in the following spaces.


- 4** Are any projects undertaken outside Canada funded by the Canadian International Development Agency (CIDA)? ..... **220**  Yes  No

If **yes**, what was the total amount of funds expended under this arrangement? ..... **230** \$

- 5** Were any programs carried on outside Canada carried out by employees of the charity? ..... **240**  Yes  No

- 6** Were any programs carried on outside Canada carried out by volunteers of the charity? ..... **250**  Yes  No

- 7** Is the charity exporting goods as part of its charitable programs? ..... **260**  Yes  No

If **yes**, list the items being exported, their value, their destination (city/region) and country code.

Item	Value	Destination (city/region)	Country code

COUNTRY CODES

**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

Compensation

Schedule 3

**1** (a) Enter 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 ..... **300**

(b) For the **ten (10)** highest compensated, permanent, full-time positions enter the **number** falling within each of the following annual compensation categories.

<b>305</b> <input type="text"/>	\$1 – \$39,999	<b>310</b> <input type="text"/>	\$40,000 – \$79,999	<b>315</b> <input type="text"/>	\$80,000 – \$119,999
<b>320</b> <input type="text"/>	\$120,000 – \$159,999	<b>325</b> <input type="text"/>	\$160,000 – \$199,999	<b>330</b> <input type="text"/>	\$200,000 – \$249,999
<b>335</b> <input type="text"/>	\$250,000 – \$299,999	<b>340</b> <input type="text"/>	\$300,000 – \$349,999	<b>345</b> <input type="text"/>	\$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 ..... **370**

(b) What was the total expenditure on compensation for part-time or part-year employees in the fiscal period? ..... **380** \$

**3** What was the charity's total expenditure on all compensation in the fiscal period? ..... **390** \$

**Confidential Data**

**Schedule 4**

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 government 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? Yes/No

**2. Information about Donors Not Resident in Canada**

Complete this schedule to report any donation of \$10,000 or more received from any donor that was **not** resident in Canada and was **not** 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 (for example a 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	Individual
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Non-Cash Gifts**

**Schedule 5**

**1** Identify all types of non-cash gifts (gifts-in-kind) received for which a tax receipt was issued:

- |   |  |   |
|---|--|---|
| <b>500</b> <input type="checkbox"/> Artwork/wine/jewellery  | <b>525</b> <input type="checkbox"/> Ecological properties                                  | <b>550</b> <input type="checkbox"/> Publicly traded securities/mutual funds |
| <b>505</b> <input type="checkbox"/> Building materials      | <b>530</b> <input type="checkbox"/> Life insurance policies                                | <b>555</b> <input type="checkbox"/> Books (literature, comics)              |
| <b>510</b> <input type="checkbox"/> Clothing/furniture/food | <b>535</b> <input type="checkbox"/> Medical equipment/supplies                             | <b>560</b> <input type="checkbox"/> Other                                   |
| <b>515</b> <input type="checkbox"/> Vehicles                | <b>540</b> <input type="checkbox"/> Privately-held securities                              | <b>565</b> Specify: _____   |
| <b>520</b> <input type="checkbox"/> Cultural properties     | <b>545</b> <input type="checkbox"/> Machinery/equipment (including computers and software) |   |

**2** Indicate the total eligible amount of tax-receipted non-cash gifts ..... **580** \$ 0.00

Detailed Financial Information

Schedule 6

Was the financial information reported below prepared on an accrual or cash basis? 4020  Accrual  Cash

**Statement of financial position**

Show figures to the nearest single dollar.

<b>Assets:</b>			<b>Liabilities:</b>		
Cash, bank accounts, and short-term investments	4100	\$ 714,461.00	Accounts payable and accrued liabilities	4300	\$ 600,000.00
Amounts receivable from non-arm's length parties	4110	\$	Deferred revenue	4310	\$
Amounts receivable from all others	4120	\$ 1,000,000.00	Amounts owing to non-arm's length parties	4320	\$
Investments in non-arm's length parties	4130	\$	Other liabilities	4330	\$
Long-term investments	4140	\$	<b>Total liabilities (add lines 4300 to 4330)</b>	4330	\$
Inventories	4150	\$			
Land and buildings in Canada	4155	\$			
Other capital assets in Canada	4160	\$			
Capital assets outside Canada	4165	\$			
Accumulated amortization of capital assets	4166	\$			
Other assets	4170	\$	<b>Amount included in lines 4150, 4155, 4160, 4165 and 4170 not used in charitable programs</b>	4250	\$
10 year gifts	4180	\$			
<b>Total assets (add lines 4100 to 4170)</b>	<b>4200</b>	<b>\$ 1,714,461.00</b>			

**Statement of operations**

<b>Revenue:</b>		
Total eligible amount of all gifts for which the charity issued tax receipts	4500	\$ 12,035.00
Total eligible amount of tax-receipted tuition fees	5610	\$
Total amount of 10 year gifts received	4505	\$
Total amount received from other registered charities	4510	\$ 1,000,000.00
Total other gifts received for which a tax receipt was <b>not</b> issued by the charity	4530	\$
Total revenue received from federal government	4540	\$
Total revenue received from provincial/territorial governments	4550	\$
Total revenue received from municipal/regional governments	4560	\$
Total revenue received from all sources outside Canada	4575	\$
Total interest and investment income received or earned	4580	\$ 2,132.00
<b>Gross proceeds</b> from disposition of assets	4590	\$
<b>Net proceeds</b> from disposition of assets (show a negative amount with brackets)	4600	\$
Gross income received from rental of land and/or buildings	4610	\$
Non tax-receipted revenues received for memberships, dues, and association fees	4620	\$
Total non tax-receipted revenue from fundraising	4630	\$
Total revenue from sale of goods and services (except to government)	4640	\$
Other revenue not already included in the amounts above	4650	\$
Specify type(s) of revenue included in the amount reported at 4650 (e.g., dividends)	4655	\$
<b>Total revenue (add lines 4500, 4510 to 4580, and 4600 to 4650)</b>	<b>4700</b>	<b>\$ 1,014,167.00</b>

<b>Expenditures:</b>		
Advertising and promotion	4800	\$
Travel and vehicle expenses	4810	\$
Interest and bank charges	4820	\$ 5.00
Licences, memberships, and dues	4830	\$
Office supplies and expenses	4840	\$
Occupancy costs	4850	\$
Professional and consulting fees	4860	\$
Education and training for staff and volunteers	4870	\$
Total expenditure on all compensation (enter the amount reported at line 390 in Schedule 3, if applicable)	4880	\$
Fair market value of all donated goods used in charitable programs	4890	\$
Total cost of all purchased supplies and assets	4891	\$



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Amortization of capitalized assets .....	4900	\$	
Total expenditure for research grants and scholarships as part of charitable programs .....	4910	\$	900,000.00
Other expenditures not included in the amounts above (excluding gifts to qualified donees) .....	4920	\$	
Specify type(s) of expenditures included in the amount reported at 4920 <b>4930</b> .....			
Total expenditures before gifts to qualified donees (add lines 4800 to 4920) .....	4950	\$	900,005.00

Lines 5000 to 5040 represent a breakdown of the expenditures on lines 4800 to 4920. The total of lines 5000 to 5040 should equal line 4950.

Total expenditures on charitable programs .....	5000	\$	900,000.00
Total expenditures on management and administration .....	5010	\$	5.00
Total expenditures on fundraising .....	5020	\$	0.00
Total expenditures on political activities, inside or outside Canada .....	5030	\$	0.00
Total other expenditures included in line 4950 .....	5040	\$	0.00
Total amount of gifts made to all qualified donees .....	5050	\$	0.00
<b>Total expenditures (add amounts from lines 4950 and 5050)</b> .....	<b>5100</b>	<b>\$</b>	<b>900,005.00</b>

**Other financial information**

**Permission to accumulate property:**

Only registered charities that have written permission to accumulate should complete this section.

- Enter the amount accumulated for the fiscal period, including income earned on accumulated funds .....
- Enter the amount disbursed for the fiscal period for the specified purpose we have permitted. ....

5500	\$	
5510	\$	

**Permission to reduce disbursement quota:**

If the charity has received approval from the Charities Directorate to make a reduction to its disbursement quota, enter the amount for the fiscal period .....

5750	\$	
------	----	--

**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 .....
- The 24 months before the **end** of the fiscal period .....

5900	\$	0.00
5910	\$	0.00

Directors/Trustees and Like Officials Worksheet

Place bar code label here

You must give us complete information for each director/trustee and like official who, at any time during the fiscal period of this return, was a member of the charity's board of directors/trustees. Directors/trustees and like officials are persons who govern a registered charity. See the reverse for information on filling out this form.

Total number of directors/trustees and like officials: **6**

Public information		Confidential data	
Last name: <b>Simons</b>	First name: <b>Jonathan</b>	Initial: <b>W</b>	Home address - Street number and name: <b>225 22nd Street</b>
Term ▶ Start date (Y/M/D): <b>2 0 1 1 0 6 1 5</b>	End date (Y/M/D):		City: <b>Santa Monica</b>
Position: <b>Director</b>	At arm's length with other Directors? <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Postal code: <b>9 0 4 0 2</b>
			Date of birth (Y/M/D): <b>1 9 5 8 1 1 8</b>
Last name: <b>Dicovitsky</b>	First name: <b>Gary</b>	Initial:	Home address - Street number and name: <b>3756 Sunset Ridge Road</b>
Term ▶ Start date (Y/M/D): <b>2 0 1 1 0 6 1 5</b>	End date (Y/M/D):		City: <b>Altadena</b>
Position: <b>Director</b>	At arm's length with other Directors? <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Postal code: <b>9 1 0 0 1</b>
			Date of birth (Y/M/D): <b>1 9 5 0 0 7 0 3</b>
Last name: <b>Boniface</b>	First name: <b>Graeme</b>	Initial: <b>J</b>	Home address - Street number and name: <b>2260 Oak Street</b>
Term ▶ Start date (Y/M/D): <b>2 0 1 1 1 1 1 4</b>	End date (Y/M/D):		City: <b>Vancouver</b>
Position: <b>Director</b>	At arm's length with other Directors? <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Postal code: <b>V 6 H 3 Z 6</b>
			Date of birth (Y/M/D): <b>1 9 5 4 1 0 1 2</b>
Last name: <b>Konantz</b>	First name: <b>Don</b>	Initial:	Home address - Street number and name: <b>1461 27th Street</b>
Term ▶ Start date (Y/M/D): <b>2 0 1 1 1 1 1 4</b>	End date (Y/M/D):		City: <b>West Vancouver</b>
Position: <b>Director/Chairman</b>	At arm's length with other Directors? <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Postal code: <b>V 7 V 4 K 8</b>
			Date of birth (Y/M/D): <b>1 9 6 2 0 5 1 0</b>
Last name: <b>Trachtenberg</b>	First name: <b>John</b>	Initial:	Home address - Street number and name: <b>5 Old Forest Hill Road</b>
Term ▶ Start date (Y/M/D): <b>2 0 1 1 1 1 1 4</b>	End date (Y/M/D):		City: <b>Toronto</b>
Position: <b>Director</b>	At arm's length with other Directors? <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Postal code: <b>M 5 G 2 P 6</b>
			Date of birth (Y/M/D): <b>1 9 4 9 0 3 0 8</b>
Last name:	First name:	Initial:	Home address - Street number and name:
Term ▶ Start date (Y/M/D):	End date (Y/M/D):		City:
Position:	At arm's length with other Directors? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Postal code:
			Date of birth (Y/M/D):
Last name:	First name:	Initial:	Home address - Street number and name:
Term ▶ Start date (Y/M/D):	End date (Y/M/D):		City:
Position:	At arm's length with other Directors? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Postal code:
			Date of birth (Y/M/D):
Last name:	First name:	Initial:	Home address - Street number and name:
Term ▶ Start date (Y/M/D):	End date (Y/M/D):		City:
Position:	At arm's length with other Directors? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Postal code:
			Date of birth (Y/M/D):





Place bar code label here

**Qualified donees worksheet / Amounts provided to other organizations**

Registered charities can make gifts to qualified donees. Enter the required information for each gift made to a qualified donee or other organization. See the reverse for information on filling out this form.

Total number of qualified donees/other organizations:

Name of organization: Vancouver Prostate Centre		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
BN/Registration number: 119261048 RR 0001	City and Prov/Terr: Vancouver, British Columbia	
Amount of gifts-in-kind \$	Total amount of gifts	\$ 450,000.00
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter amount \$		
Name of organization: Ontario Institute For Cancer Research		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
BN/Registration number: 863712139 RR 0001	City and Prov/Terr: Toronto, Ontario	
Amount of gifts-in-kind \$	Total amount of gifts	\$ 225,000.00
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter amount \$		
Name of organization: Princess Margaret Hospital		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
BN/Registration number: 119259505 RR 0001	City and Prov/Terr: Toronto, Ontario	
Amount of gifts-in-kind \$	Total amount of gifts	\$ 225,000.00
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter amount \$		
Name of organization:		Associated charity: <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/Registration number: RR	City and Prov/Terr:	
Amount of gifts-in-kind \$	Total amount of gifts	\$
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$		
Name of organization:		Associated charity: <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/Registration number: RR	City and Prov/Terr:	
Amount of gifts-in-kind \$	Total amount of gifts	\$
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$		
Name of organization:		Associated charity: <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/Registration number: RR	City and Prov/Terr:	
Amount of gifts-in-kind \$	Total amount of gifts	\$
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$		

Financial Statements of

**COALITION TO CURE  
PROSTATE CANCER**

For the year ended December 31, 2012  
(Unaudited)



**KPMG LLP**  
**Chartered Accountants**  
PO Box 10426 777 Dunsmuir Street  
Vancouver BC V7Y 1K3  
Canada

Telephone (604) 691-3000  
Fax (604) 691-3031  
Internet [www.kpmg.ca](http://www.kpmg.ca)

## REVIEW ENGAGEMENT REPORT

To the Members of the Coalition to Cure Prostate Cancer

We have reviewed the statement of financial position of the Coalition to Cure Prostate Cancer (the "Coalition") as at December 31, 2012 and the statements of operations and net assets, and cash flows for the year then ended. Our review was made in accordance with Canadian generally accepted standards for review engagements and, accordingly, consisted primarily of enquiry, analytical procedures and discussion related to information supplied to us by the Coalition.

A review does not constitute an audit and, consequently, we do not express an audit opinion on these financial statements.

Based on our review, nothing has come to our attention that causes us to believe that these financial statements are not, in all material respects, in accordance with Canadian accounting standards for non-for-profit organizations.

Chartered Accountants

June 18, 2013  
Vancouver, Canada



# COALITION TO CURE PROSTATE CANCER

Statement of Financial Position  
(Unaudited)

December 31, 2012, with comparative information for 2011

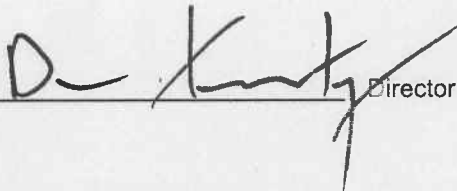
	2012	2011
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 714,461	\$ 1,000,299
Contributions receivable (note 3)	333,333	-
	1,047,794	1,000,299
Contributions receivable (note 3)	666,667	-
	\$ 1,714,461	\$ 1,000,299

## Liabilities and Net Assets

Current liabilities:		
Accrued research awards payable (note 4)	\$ 300,000	\$ -
Accrued research awards payable (note 4)	300,000	-
Net assets:		
Unrestricted	1,114,461	1,000,299
	\$ 1,714,461	\$ 1,000,299

See accompanying notes to financial statements.

Approved on behalf of the Board:

  
Director

  
Director

# COALITION TO CURE PROSTATE CANCER

Statement of Operations and Changes in Net Assets  
(Unaudited)

	Year ended December 31, 2012	Period from incorporation on April 11, 2011 to December 31, 2011
Revenue:		
Grants and contributions (note 3)	\$ 1,012,035	\$ 1,000,000
Interest income	2,132	299
	<u>1,014,167</u>	<u>1,000,299</u>
Expenses:		
Awards and grants (note 4)	900,000	-
General and administrative	5	-
	<u>900,005</u>	<u>-</u>
Excess of revenue over expenses	114,162	1,000,299
Net assets, beginning of period	1,000,299	-
Net assets, end of period	<u>\$ 1,114,461</u>	<u>\$ 1,000,299</u>

See accompanying notes to financial statements.

# COALITION TO CURE PROSTATE CANCER

Statement of Cash Flows  
(Unaudited)

	Year ended December 31, 2012	Period from incorporation on April 11, 2011 to December 31, 2011
Cash provided by (used in):		
Operations:		
Excess of revenues over expenses	\$ 114,162	\$ 1,000,299
Changes in non-cash operating working capital items:		
Contributions receivable	(1,000,000)	-
Accrued research awards payable	600,000	-
Increase (decrease) in cash and cash equivalents	(285,838)	1,000,299
Cash and cash equivalents, beginning of period	1,000,299	-
Cash and cash equivalents, end of period	\$ 714,461	\$ 1,000,299

See accompanying notes to financial statements.

# COALITION TO CURE PROSTATE CANCER

Notes to Financial Statements  
(Unaudited)

For the year ended December 31, 2012

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## 1. Nature of operations:

The Coalition to Cure Prostate Cancer (the Coalition) was incorporated under the Canada Corporations Act on April 11, 2011. The Coalition was granted charitable registration effective June 15, 2011 as a designated public foundation and, as such, is exempt from income taxes and is able to issue donation receipts for income tax purposes. The Coalition's mission is to pursue research and clinical study related to prostate and related cancers and to disseminate research reports and other educational materials related to such cancers.

The Coalition is a sister organization to the Prostate Cancer Foundation (the Foundation), a public charity based in the United States of America that funds and accelerates prostate cancer research globally, with selected officers from the Foundation serving as a minority of the Coalition's Board of Directors. Pursuant to the terms of a service agreement, the Foundation has agreed to provide certain pro bono services to the Coalition, including communications and fundraising support, program service and financial administration, and facilities. In addition, the Foundation has extended a guarantee to the Coalition for up to a maximum of \$100,000 to ensure that the Coalition will be able at all times to fund research awards approved by the Coalition's Board of Directors.

## 2. Significant accounting policies:

### (a) Basis of presentation:

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and reflect the operations of the Coalition on a stand-alone basis.

### (b) Cash and cash equivalents:

Cash and cash equivalents include cash on hand and short-term deposits which are highly liquid with original maturities of less than three months at the date of acquisition.

### (c) Revenue recognition:

The Coalition follows the deferral method of accounting for contributions. Restricted contributions related to expenses of future periods are deferred and recognized as revenue in the period in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted investment income is recorded as revenue when earned, unless the donor specifies otherwise. Unrestricted investment income is recognized as revenue when earned.

### (d) Donated services:

The Coalition benefits from donated services in the form of volunteer time for various committees and other services from the Foundation. Because of the difficulty of determining their fair value, donated services are not recognized in these financial statements.

# COALITION TO CURE PROSTATE CANCER

Notes to Financial Statements  
(Unaudited)

For the year ended December 31, 2012

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## 2. Significant accounting policies (continued):

### (e) Financial instruments:

Financial instruments are measured at fair value on origination or acquisition, adjusted by, in the case of financial instruments that will not be subsequently measured at fair value, financing fees and transaction costs, which are amortized using the straight-line method. All other transaction costs are recognized in operations in the period incurred. All financial instruments are subsequently recorded at cost or amortized cost, unless management has elected to carry the instruments at fair value. The Coalition has not elected to carry any such financial instruments at fair value.

Financial assets are assessed for impairment on an annual basis at period-end if there is an indicator of impairment. If there is an indicator of impairment, the Coalition determines if there is a significant adverse change in the expected timing or amount of future cash flows from the financial asset. If there has been a significant adverse change, the carrying value of the financial asset is reduced to the highest of the present value of expected cash flows, the amount that could be realized by selling the asset, and the amount that could be realized by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the impairment, not exceeding the initial carrying value.

## 3. Contributions:

During the year ended December 31, 2012, the Coalition signed an agreement to receive \$1,000,000 in contributions. The grants are to be paid over a period of three years in equal installments of \$333,333. As the contribution is unrestricted and collection is reasonably assured, the contributions have been fully recognized during 2012.

## 4. Research awards:

During the year ended December 31, 2012, the Coalition signed agreements with four investigators committing the Coalition to a total of \$900,000 in grant awards. The grants are to be paid over a period of three years with \$300,000 paid in 2012, \$300,000 to be paid in 2013 and \$300,000 to be paid in 2014.

## 5. Financial risk management:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Coalition deals with creditworthy counterparties to mitigate the risk of financial loss from defaults. The Coalition maintains its cash in a Canadian bank deposit account which, at times, may exceed Canada Deposit Insurance Corporation insured limits. The Coalition believes it is not exposed to any significant credit risk on its cash and cash equivalents. The Coalition's contributions receivable (note 3) are from one party and thus exposed to a concentration of credit risk.