

January 16, 2025

Miramichi River Financial Ltd.  
62 Riverview Drive  
Doaktown, NB  
E9C 1N2

Re: Greater Blackville Resource Center,  
12073 Rte 8  
Upper Blackville, NB  
E9B 1Z8  
BN# 825092884RR0001

Attention: Rev. Albertine LeBlanc

We have been asked to provide a Financial Review for the above mentioned  
Greater Blackville Resource Center. This is an Unaudited Financial Review  
of one year's financials, Year ending July 31, 2025.

We are not a Registered CPA Firm.

If we can be of further assistance, please contact me at (506) 365-7278.

Sincerely yours,



**MIRAMICHI RIVER FINANCIAL LTD**

**D E White**

## Registered Charity Information Return

### Section A: Identification

To help you fill out this form, refer to Guide T4033, Completing the Registered Charity Information Return. It can be found at [canada.ca/cra-forms](http://canada.ca/cra-forms).

**Note:** Even if a charity is inactive, an information return must be filed to maintain its registered status.

# Clients Copy

Complete the following:

1. Charity name:

Greater Blackville Resource Centre

2. Return for fiscal period ending:

Year	Month	Day
2 0 2 5	0 7	3 1

3. BN/registration number:

825092844 R R 0001

4. Web address (if applicable):

**A1** Was the charity in a subordinate position to a head body? ..... **1510**  Yes  No  
 If **yes**, give the name and BN/registration number of the organization.

Name

BN (9 digits, 2 letters, 4 digits. Example: 123456789RR0001)

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

**A3** Is the charity designated as a public foundation or private foundation? ..... **1600**  Yes  No

If **yes**, you **must** complete Schedule 1, Foundations. To confirm the charity's designation, go to [canada.ca/charities-list](http://canada.ca/charities-list) and refer to the charity's detail page.

### Section B: Directors/trustees and like officials

**B1** All charities must complete Form T1235, Directors/Trustees and Like Officials Worksheet. Only the **public** information section of the worksheet is available to the public.

**For charities subject to the Ontario Corporations Act.**

As of May 15, 2021, the Canada Revenue Agency no longer collects this information on behalf of the Ontario Ministry of Government and Consumer Services. For more information on filing an Ontario annual information return, visit [ontario.ca/businessregistry](http://ontario.ca/businessregistry).

**Note:** If you would like these individuals to have the authority to communicate with the CRA on behalf of your charity, their name must also appear as an owner for your Business Number (BN). For more information, go to [canada.ca/charities-giving](http://canada.ca/charities-giving), select "Operating a registered charity," then "Making a change to your organization" and see "Change director."

### Section C: Programs and general information

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

**C2** Describe all **ongoing** and **new** charitable programs during this fiscal period that furthered the charity's purpose(s) (as defined in its governing documents). "Programs" includes:

- (1) charitable activities that the charity carries out on its own through employees, volunteers, or intermediaries, and
- (2) qualifying disbursements that the charity makes through gifts to qualified donees or grants to non-qualified donees (grantees).

Charities making qualifying disbursements should describe the types of organizations they support. The charity may also use this space to describe the contributions of its volunteers in carrying out its activities, for example, number of volunteers and/or hours.

**Do not** include the names of employees or volunteers.

**Do not** describe fundraising activities in this space.

**Do not attach additional sheets of paper or annual reports.**

Ongoing programs

During the past year, we have continued with the Food Bank Outreach Program, as well as a the Breakfast Program; Soups On and ongoing initiative's.

New programs

We strive to build upon Programs that will fill the ever growing need for " food to feed those in need". We are in partnership with Feed NB and will be delivering food to several schools. We are part of the Food Rescue Program within the Greater Miramichi Area, whereby food is redistributed to local food banks , and other distribution centers for pick-up. Soups On is a weekly event providing a free hot lunch for Seniors.

**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, excluding grants to non-qualified donees? ..... **2000**  Yes  No

**Important:** If yes, you must complete Form T1236, Qualified donees worksheet/Amounts provided to other organizations.

**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 (excluding qualifying disbursements) for any activity/program/project outside Canada? ..... **2100**  Yes  No

**Important:** If yes, you must complete Schedule 2, Activities outside Canada.

**C5** Public policy dialogue and development activities  
This question has been removed.

**C6** If the charity carried on fundraising activities or engaged third parties to carry on fundraising activities on its behalf, select 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"/> Sales                                     | <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 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 type="checkbox"/> Targeted contacts                         |   |

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

**If yes,** you must complete the following lines, and complete Schedule 4, Confidential data, Table 1.

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

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

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

- |  |   |  |
|--|---|--|
| <b>2730</b> <input type="checkbox"/> Commissions | <b>2750</b> <input type="checkbox"/> Finder's fee         | <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 expenses)? ..... **3200**  Yes  No

**C9** Did the charity incur any expenses for compensation of employees during the fiscal period? ..... **3400**  Yes  No  
**Important:** If yes, you must complete Schedule 3, Compensation.

**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 a business in Canada, nor
- a person having disposed of taxable Canadian property?

**Important:** If yes, you must complete Schedule 4, Confidential data, Table 2, for each donation of \$10,000 or more.

**C11** Did the charity receive any non-cash gifts for which it issued tax receipts? ..... **4000**  Yes  No  
**Important:** If yes, you must complete Schedule 5, Non-cash gifts.

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

**C13** Did the charity allow any of its donors to use any of its property? (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

**C15** Did the charity have direct partnership holdings at any time during the fiscal period? ..... **5830**  Yes  No

**Registered charities may make grants to non-qualified donees (grantees) as described in the Income Tax Act.**

**C16** Did the charity make qualifying disbursements by way of grants to non-qualified donees (grantees) in the fiscal period? ..... **5840**  Yes  No  
 If **yes**, you **must** complete lines 5841, 5842 and 5843.

Did the charity make grants to any grantees totalling more than \$5,000 in the fiscal period? ..... **5841**  Yes  No  
 If **yes**, you **must** complete Form T1441, *Qualifying Disbursements: Grants to Non-Qualified Donees (Grantees)*.

Enter the number of grantees that received grants totalling \$5,000 or less in the fiscal period ..... **5842** \_\_\_\_\_

Enter the total amount paid to grantees that received grants totalling \$5,000 or less in the fiscal period ..... **5843** \$ \_\_\_\_\_

**C17** In the 24 months before the beginning of the fiscal period, did the average value of your charity's property (cash, investments, capital property or other assets) not used directly in its charitable activities or administration:  
 (a) exceed \$100,000, if the charity is designated as a charitable organization, or  
 (b) exceed \$25,000, if the charity is designated as a public or private foundation? ..... **5850**  Yes  No  
 If **yes**, you **must** complete Schedule 8 – Disbursement quota

**C18** Did the charity hold any donor advised funds (DAF) during the fiscal period? ..... **5860**  Yes  No  
 If **yes**, provide the following:

(a) Total number of accounts held at the end of the fiscal period ..... **5861** \_\_\_\_\_

(b) Total value of all accounts held at the end of the fiscal period ..... **5862** \$ \_\_\_\_\_

(c) Total value of donations to DAF accounts received during the fiscal period ..... **5863** \$ \_\_\_\_\_

(d) Total value of qualifying disbursements from DAFs during the fiscal period ..... **5864** \$ \_\_\_\_\_

## Section E: Certification

This return **must** be signed by a person 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 annual return and any attachment is, to the best of my knowledge, correct, complete, and current.

Name (print) <del>Denise Brophy</del> Patricia Snedker	Signature Patricia Snedker
Position in charity Treasurer	Date Phone number 506-251-9411

## Section F: Confidential data

**F1** Enter 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
Complete street address	12073 Rte 8	same
City	Upper Blackville	same
Province or territory and postal code	N.B. E9B 1Z9	same

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

Name	
Company name (if applicable) Miramichi River Financial Ltd	
Complete street address 62 Riverview Dr	
City, province or territory, and postal code Doaktown, N B E9C 1N2	
Phone number 506-365-7278	Is this the same individual who certified in Section E above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Privacy statement

Personal information is collected under the authority of the Income Tax Act and is used to establish and validate the identity and contact information of directors, trustees, officers, like officials, and authorized representatives of the organization. This information will also be used as a basis for the indirect collection of additional personal information from other internal and external sources, which includes personal tax information, and relevant financial and biographical information. Personal information will be used to assess the risk of registration with respect to the obligations and requirements as outlined in the Act and the common law. The social insurance number (SIN) is collected under subsection 237 of the Act and is used for identification purposes.

The Canada Revenue Agency (CRA) will make the information on this annual information return available to the public on the Charities Directorate website, except for information identified as confidential. Personal information may also be disclosed under information-sharing agreements and in accordance with section 241 of the Act. Incomplete or inaccurate information may result in compliance measures including revocation of registered status.

Personal information is described in personal information bank CRA PPU 200 and is protected under the Privacy Act. Individuals have a right of protection, access to and correction or notation of their personal information. You are entitled to complain to the Privacy Commissioner of Canada regarding our handling of your information.

**Notification to directors and like officials:** The CRA strongly encourages the organization to voluntarily inform its directors and like officials that it has collected and disclosed their personal information to the CRA.

I confirm that I have read the Privacy statement above.

## Checklist

A charity's complete annual information return includes:

- Form T3010, Registered Charity Information Return, and all applicable schedules
- a copy of the charity's financial statements
- Form T1235, Directors/Trustees and Like Officials Worksheet
- Form T1236, Qualified donees worksheet/Amounts provided to other organizations (if applicable)
- Form T2081, Excess Corporate Holdings Worksheet for Private Foundations (if applicable)
- Form T1441, Qualifying Disbursements: Grants to Non-Qualified Donees (Grantees) (if applicable)

If financial statements are not included, the charity's registration may be revoked.

Foundations		Schedule 1
<b>1</b> Did the foundation acquire control of a corporation?.....	<b>100</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>2</b> Did the foundation incur any debts other than for current operating expenses, purchasing or selling investments, or in administering charitable activities?.....	<b>110</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> (a) What was the total value of all restricted funds held at the end of the fiscal period?.....	<b>111</b>	\$ _____
(b) Of that amount, what amount was the foundation not permitted to spend due to a funder's written trust or direction?.....	<b>112</b>	\$ _____

**For private foundations only:**

<b>4</b> Did the foundation hold any shares, rights to acquire shares, or debts owing to it that meet the definition of a non-qualified investment?.....	<b>120</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b> Did the foundation own more than 2% of any class of shares of a corporation at any time during the fiscal period?..... <b>If yes, you must complete and attach Form T2081, Excess Corporate Holdings Worksheet for Private Foundations.</b>	<b>130</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Activities outside Canada	Schedule 2
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**Important:** If you complete this section, you **must** answer **yes** to question C4.

For more information, go to [canada.ca/charities-giving](http://canada.ca/charities-giving) and see **Guidance CG-002, Canadian registered charities carrying on activities outside Canada.**

<b>1</b> Total expenditures on activities/programs/projects carried on outside Canada, excluding qualifying disbursements.....	<b>200</b>	\$ _____
<b>2</b> Were any of the charity's financial resources spent on programs outside of Canada under any kind of an arrangement including a contract, agency agreement, or joint venture to any other individual or organization (excluding qualifying disbursements)?.....	<b>210</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If yes, provide details of the amount reported in question 1 on line 200, that the charity transferred to these individuals or organizations in the following table:**

Name of individual/organization	Country code where the activities were carried out (see list at the end of Schedule 2)	Amount (\$) Show amounts to the nearest Canadian dollar

**Important:** If you entered information in the table above, you **must** answer **yes** in line 210.

**3** Using the table below, enter the countries outside Canada where the charity itself carried on programs or devoted any of its resources.


<b>4</b> Were any projects undertaken outside Canada funded by Global Affairs Canada?.....	<b>220</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, what was the total amount the charity spent under this arrangement?.....</b>	<b>230</b>	\$ _____
<b>5</b> Were any of the charity's activities outside of Canada carried out by employees of the charity?.....	<b>240</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Were any of the charity's activities outside of Canada carried out by volunteers of the charity?.....	<b>250</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7</b> Did the charity export goods as part of its charitable activities?.....	<b>260</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If yes, list the items exported, their destination, the country code, and their value.**

Item exported	Destination (city/region)	Country code	Value (CAN \$)

Compensation

Schedule 3

**Important:** If you complete this section, you **must** answer **yes** to question C9.

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. **Do not** enter a dollar amount. 300

(b) For the **ten (10)** highest compensated, permanent, full-time positions enter the **number of positions** that are within each of the following annual compensation categories. **Do not** tick the boxes; use numbers

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

(b) Total expenditure on compensation for part-time or part-year employees in the fiscal period. 380 \$ 53,884

3 Total expenditure on all compensation in the fiscal period. 390 \$ 53,884

Confidential data

Schedule 4

**Important:** If you complete this section, you **must** answer **yes** to question C10.

The information in this schedule is for the CRA's use and may be shared as permitted by law (for example, with certain other government departments and agencies).

1. Information about external fundraisers

Enter the name(s) and arm's length status of each external fundraiser.

Name (confidential)	At arm's length? Yes/No (confidential)

2. Information about donors not resident in Canada

Complete this schedule to report any gift of any kind valued at \$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.

Enter the name of each donor and the value of the gift in the table below. Select whether the donor was an organization (for example a business, corporate entity, charity, non-profit organization), a government or an individual.

Name (confidential)	Type of donor (confidential)			Value (CAN \$)
	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"/>	

Non-cash gifts

Schedule 5

**Important:** If you complete this section, you **must** answer **yes** to question C11.

1 Select all types of non-cash gifts received for which a tax receipt was issued:

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

2 Enter the total amount of tax-receipted non-cash gifts 580 \$ \_\_\_\_\_

Detailed financial information

Schedule 6

Fill out this schedule if **any** of the following applies to the charity:

- (a) The charity's revenue exceeded \$100,000.
- (b) The amount of all property (for example, investments, rental properties) not used in charitable activities was more than \$25,000.
- (c) The charity had permission to accumulate funds during this fiscal period.

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

**Statement of financial position**

Show all amounts to the nearest single Canadian dollar. Do not enter "see attached financial statements." All relevant fields must be filled out.

**Assets:**

Cash, bank accounts, and short-term investments	4100	\$	120,874
Cash and bank accounts	4101	\$	
Short-term investments	4102	\$	
Amounts receivable from non-arm's length persons	4110	\$	
Amounts receivable from all others	4120	\$	812
Investments in non-arm's length persons	4130	\$	
Long-term investments	4140	\$	
Inventories	4150	\$	
Land and buildings in Canada	4155	\$	
Used for charitable programs or administration	4157	\$	
Used for other purposes	4158	\$	
Other capital assets in Canada	4160	\$	
Capital assets outside Canada	4165	\$	
Accumulated amortization of capital assets	4166	\$	
Other assets	4170	\$	
Impact investments	4190	\$	
<b>Total assets (add lines 4100, 4110 to 4155, and 4160 to 4170)</b>	<b>4200</b>	<b>\$</b>	<b>121,686</b>

**Liabilities:**

Accounts payable and accrued liabilities	4300	\$	
Deferred revenue	4310	\$	
Amounts owing to non-arm's length persons	4320	\$	
Other liabilities	4330	\$	
<b>Total liabilities (add lines 4300 to 4330)</b>	<b>4350</b>	<b>\$</b>	

Amount included in lines 4150, 4155, 4160, 4165 and 4170 not used in charitable activities ..... 4250 \$

**Statement of operations**

**Revenue:**

Total eligible amount of all gifts for which the charity has issued or will issue tax receipts	4500	\$	
Total eligible amount of tax-receipted tuition fees	5610	\$	
Total amount received from other registered charities	4510	\$	32,501
Total other gifts received for which a tax receipt was <b>not</b> issued by the charity (excluding amounts at lines 4575 and 4630)	4530	\$	20
Total revenue received from federal government	4540	\$	29,524
Total revenue received from provincial/territorial governments	4550	\$	23,201
Total revenue received from municipal/regional governments	4560	\$	
Total tax-receipted revenue from all sources outside of Canada (government and non-government)	4571	\$	
Total <b>non</b> tax-receipted revenue from all sources outside Canada (government and non-government)	4575	\$	
Total interest and investment income from impact investments	4576	\$	
Total interest and investment income from persons not at arm's length	4577	\$	
Total interest and investment income received or earned	4580	\$	
Gross proceeds 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	\$	
Total <b>non</b> tax-receipted revenues received for memberships, dues and association fees	4620	\$	
Total <b>non</b> tax-receipted revenue from fundraising	4630	\$	3,369
Total revenue from sale of goods and services (except to any level of government in Canada)	4640	\$	
Other revenue not already included in the amounts above	4650	\$	2,404
Specify type(s) of revenue included in the amount reported at 4650	4655		Gov't rebates
<b>Total revenue (add lines 4500, 4510 to 4560, 4575, 4580, and 4600 to 4650)</b>	<b>4700</b>	<b>\$</b>	<b>91,019</b>

**Expenditures:**

Advertising and promotion .....	4800	\$	69
Travel and vehicle expenses .....	4810	\$	12,380
Interest and bank charges .....	4820	\$	
Licences, memberships, and dues .....	4830	\$	5,355
Office supplies and expenses .....	4840	\$	4,603
Occupancy costs .....	4850	\$	
Professional and consulting fees .....	4860	\$	575
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	\$	53,884
Fair market value of all donated goods used in charity's own activities .....	4890	\$	
Purchased supplies and assets .....	4891	\$	18,765
Amortization of capitalized assets .....	4900	\$	
Research grants and scholarships as part of charity's own activities .....	4910	\$	
All other expenditures not included in the amounts above (excluding qualifying disbursements) .....	4920	\$	12,352
Specify type(s) of expenditures included in the amount reported at 4920 .....	4930		
<b>Total expenditures before qualifying disbursements (add lines 4800 to 4920) .....</b>	<b>4950</b>	<b>\$</b>	<b>107,983</b>

Of the amounts at lines 4950:

(a) Total expenditures on charitable activities .....	5000	\$	97,381
(b) Total expenditures on management and administration .....	5010	\$	10,533
(c) Total expenditures on fundraising .....	5020	\$	69
(d) Total other expenditures included in line 4950 .....	5040	\$	
Total amount of grants made to all non-qualified donees (grantees) .....	5045	\$	
Total amount of gifts made to all qualified donees .....	5050	\$	
<b>Total expenditures (add lines 4950, 5045 and 5050) .....</b>	<b>5100</b>	<b>\$</b>	<b>107,983</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 .....	5500	\$	
• Enter the amount disbursed for the fiscal period for the specified purpose .....	5510	\$	

**Permission to reduce disbursement quota:**

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

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

**Property not used in charitable activities:**

Enter the average value of property not used for charitable activities or administration during:

• The 24 months before the <b>beginning</b> of the fiscal period .....	5900	\$	
• The 24 months before the <b>end</b> of the fiscal period .....	5910	\$	



**Directors/Trustees and Like Officials Worksheet**

Protected B when completed

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: **Charity name:** Greater Blackville Resource Center **Business number:** 825092844 R R 0001 **Return for fiscal period ending (YYYYMM/DD):** 2 | 0 | 2 | 5 | 0 | 7 | 3 | 1

Note: If you would like these individuals to have the authority to communicate with the CRA on behalf of your charity, their name must also appear as an owner for your Business Number (BN). For more information, go to [canada.ca/charities-giving](http://canada.ca/charities-giving), select "Operating a registered charity," then "Making a change to your organization" and see "Change director."

Public information		Confidential data	
Last name	First name	Residential address – Street number and name	Postal code
LeBlanc	Rev. Albertine	12073 Rte 8	
Term ▶ Start date (Y/M/D):	2   0   1   3   0   6   0   1	City: <u>Upper Blackville</u>	Postal code: <u>E 9 B 1 Z 8</u>
Position:	President	Phone number: <u>5   0   6   8   4   3   9   0   2   4</u>	Date of birth (Y/M/D): <u>1   9   6   3   1   2   0   8</u>
	At arm's length with other Directors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
LeBlanc	Jean-Claude	721 King George Hwy	
Term ▶ Start date (Y/M/D):	2   0   1   3   0   6   0   1	City: <u>Miramichi</u>	Postal code: <u>E 1 V 1 P 5</u>
Position:	Director (Founder)	Phone number: <u>5   0   6   6   2   5   4   4   9   7</u>	Date of birth (Y/M/D): <u>1   9   5   6   0   7   0   9</u>
	At arm's length with other Directors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Laskey	Fr. Gerry	296 Main Street	
Term ▶ Start date (Y/M/D):	2   0   1   3   0   6   0   1	City: <u>Blackville</u>	Postal code: <u>E 9 B 1 T 1</u>
Position:	Director	Phone number: <u>5   0   6   6   2   5   7   7   7   3</u>	Date of birth (Y/M/D): <u>1   9   5   8   0   5   1   6</u>
	At arm's length with other Directors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Manderville	Herbie	4586 Hwy 108	
Term ▶ Start date (Y/M/D):	2   0   2   4   0   7   3   0	City: <u>Bryenton</u>	Postal code: <u>E 1 V 5 C 9</u>
Position:	Director	Phone number: <u>5   0   6   6   2   4   8   8   5   7</u>	Date of birth (Y/M/D): <u>1   9   5   0   1   1   0   2</u>
	At arm's length with other Directors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Snedker	Patricia	2089 Rte 11	
Term ▶ Start date (Y/M/D):	2   0   2   4   0   7   3   0	City: <u>New Jersey</u>	Postal code: <u>E 9 G 2 K 6</u>
Position:	Secretary	Phone number: <u>5   0   6   2   5   1   7   0   8   9</u>	Date of birth (Y/M/D): <u>1   9   5   4   0   2   2   3</u>
	At arm's length with other Directors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Brophy	Denise	11117 Rte 8	
Term ▶ Start date (Y/M/D):	2   0   1   8   0   7   0   1	City: <u>Upper Blackville</u>	Postal code: <u>E 9 B 1 V 5</u>
Position:	Treasurer	Phone number: <u>5   0   6   4   2   4   8   6   3   8</u>	Date of birth (Y/M/D): <u>1   9   5   9   0   4   1   6</u>
	At arm's length with other Directors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sturgeon	Arden	37 Sturgeon Rd.	
Term ▶ Start date (Y/M/D):	2   0   2   3   0   7   0   1	City: <u>White Rapids</u>	Postal code: <u>E 9 B 1 B 3</u>
Position:	Director	Phone number: <u>5   0   6   8   4   3   6   5   3   2</u>	Date of birth (Y/M/D): <u>1   9   3   9   0   5   1   2</u>
	At arm's length with other Directors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Term ▶ Start date (Y/M/D):		City:	Postal code:
Position:		Phone number:	Date of birth (Y/M/D):
	At arm's length with other Directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Term ▶ Start date (Y/M/D):		City:	Postal code:
Position:		Phone number:	Date of birth (Y/M/D):
	At arm's length with other Directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

