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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public

Inte	mal Revenu	e Service The organization may have to use a copy of this return to satisfy sta	te reporting requ	urements	Inspection						
A	For the	2011 calendar year, or tax year beginning , 2011, and e	nding		, 20						
В	Check if a	eck if applicable C Name of organization Canadian Inter-Varsity Christian Fellowship Inc. D Employer identification numbers									
	Address of	thange Doing Business As Canadian Inter-Varsity Christian Fellowship Inc.	1	71-1045544							
	Name cha	inge Number and street (or P O. box if mail is not delivered to street address) Room	m/suite	E Telepho	ne number						
	Initial retu	1 International Boulevard			416-443-1170						
	Terminate			— —							
ñ	Amended	-		G Gross re	eceipts \$ 770,867						
ī		n pending F Name and address of principal officer Geri Rodman	H(a) le th	s a group return							
_	гфрисавс	1 International Boulevard, Toronto, Ontario, Canada M9W 6H3	1 .	all affiliates ii							
-	T				a list. (see instructions)						
는	Tax-exem Website:	·	' -{								
÷		ganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► NPO L Year of fo		up exemption							
	art (madon. 200	M State	of legal domicile						
	_	Summary									
	1	Briefly describe the organization's mission or most significant activities.		· · · · · · · · · · · · · · · · · · ·							
9		Canada's youth, students and graduates into fully committed followers of Jesus									
ă		providing grants to Inter-Varsity Christian Fellowship of Canada for the purpose	of achieving ti	is mission							
Activities & Governance	╎.										
<u> </u>	l .	Check this box ▶☐ if the organization discontinued its operations or dispos	ed of more that		its net assets.						
8	1			. 3	3						
63		Number of independent voting members of the governing body (Part VI, line	•	. 4	3						
₹	1	Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)		. 5	3						
ç	1	Total number of volunteers (estimate if necessary)		. 6							
•	7a 1	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a							
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	. 7b							
	1		Year	Current Year							
Revenue	8	Contributions and grants (Part VIII, line 1h)	433,668	770,867							
	9	Program service revenue (Part VIII, line 2g)									
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)									
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									
		Fotal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	433,668	770,867						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	.	423,120	743,774						
		Benefits paid to or for members (Part IX, column (A), line 4)	. ———								
60		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	` 	2,318	8,498						
Expenses		Professional fundraising fees (Part IX, column (A), line-11e)	<u> </u>								
ber	1	Fotal fundraising expenses (Part IX, column D) Jine 25 FD	na ses								
ă		Other expenses (Part IX, column (A), lines (12-1110; 111-24e) . \(\oldsymbol{O} \).	Caraca Company	6.180	18,771						
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	•	431,618							
		Revenue less expenses. Subtract line 18 from line 126.	·	2,050							
			Beginning of		End of Year						
ts or	20	Fotal cocoto (Part V line 16)		3,052							
Assets Balanc	21	Fotal liabilities (Part X line 36)	•	0,032	2,876						
25	21	Not appets on fund belonger Subtract line 219	· 								
_	22 ant II	Total assets (Part X, line 16)	·	3,052	2,876						
		Signature Block									
	ider penalt e correct	ies of perjury, I declare that I have examined this return, including accompanying schedules and and complete Declaration of preparer (other than officer) is based on all information of which pre			my knowledge and belief, it is						
			payor rate any rate								
<u>م:</u> .		The same of the sa									
Sig	· I	Signature of officer			0/10						
He	re	GEZi Kodmany inesident		100	811L						
_		Type or print name and title			·						
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check	PTIN						
	epare:	KAYKINOS4179 extendeto	14/11/2	self-em							
	e Only	la Crant Thereten I I D	F	ırm's EIN ▶	98-0196732						
		Firm's address ► 200 Bay Street 19th Floor, PO Box 55, Toronto, ON, M5J 2P9	P	hone no 🗳	116-366-0100						
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions) .	· · · · ·		· · · Yes 🗌 No						
For	Paperw	ork Reduction Act Notice, see the separate instructions.	Cat. No 11282Y		Form 990 (2011)						



Form 99	90 (2011) Page 2
Part	• • • • • • • • • • • • • • • • • • • •
	Check if Schedule O contains a response to any question in this Part III
1	Bnefly describe the organization's mission: The organization's mission is the transformation of Canada's youth, students and graduates into committed followers of Jesus Christ.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 743,774 including grants of \$ 743,774) (Revenue \$) Grants paid to Inter-Varsity Christian Fellowship of Canada for purposes of fulfilling their mission of transforming Canada's youth, students and graduates into committed followers of Jesus Christ
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d 4e	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$) (Revenue \$) Total program service expenses \$ 743.774

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	1	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>·</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>√</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			ati. Riji
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>✓</u>
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e 11f		<u>√</u> ✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	1	
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		✓
	Did the organization half an office, employees, or agents outside of the Onited States?	148	✓	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>✓</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a		20a		<u>√</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
		Form	n 990	(2011)

Part	Checklist of Hequired Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated		_	
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		经验	李朝時
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>·</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>√</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	/	L
		Forr	n 990	(2011)

Part				_
	Check if Schedule O contains a response to any question in this Part V		 Van	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	Elleugeige	75-81 I	No EF-1927
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		18	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	700	3 5.2	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	2023	ETFE.
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		/
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓_
6a	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b	, <u>35</u> ,&:	J. 1 48
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		√
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	新述	では	المعدول الدين الما المعدد
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		√
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	CVE	- 	·213.7
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
9	organization, have excess business holdings at any time during the year?	8	عند مند	FUERT AND
a	Did the organization make any taxable distributions under section 4966?	9a	ELL.	- 185±
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		為其	到
а	Initiation fees and capital contributions included on Part VIII, line 12		建	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11_	Section 501(c)(12) organizations. Enter:		4	
a b	Gross income from members or shareholders	温馨	# ST	聖
_	against amounts due or received from them.)			藍
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Terr. Est. 1.	## Jac.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			17.49
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	蒸 落		更到
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the executantian in linearing to realist and health plans		5.00	
C	Enter the amount of reserves on hand	屋	楚	严
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	o÷ 45 €	<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		Ė
		Forr	n 99 0	(2011)

TOTAL S			7	"AL.
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response to any question in this Part VI	See in:	struct	tions.
Casti		<u> </u>	•	<u>. [۲]</u>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3		-	
ia	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			١.
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	<u> </u>	V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		V
6 7a	Did the organization have members or stockholders?	6	 -	<u> </u>
7 a	one or more members of the governing body?	7a		·
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	14		+
•	stockholders, or persons other than the governing body?	7ь		'
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		_	
	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	V
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		~
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		1
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	T-	l	
16a				
	with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	L		1
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Oklahoma Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	C)(3)e	onk/
.0	available for public inspection. Indicate how you made these available. Check all that apply.	. 551	J,(U)3	. Oi 11y)
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest c	oolicy.
-	and financial statements available to the public during the tax year.		•	
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ► Geri Rodman. 1 International Boulevard. Toronto, Ontario. Canada M9W 6H3			

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Pа	a	Э.	•

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	, and
	Independent Contractors	

ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

✓ Check this box if neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.	
(A) Name and Title	(B) Average hours per week	box, office	unles er and	Pos neck is pe d a d	more rson rect	than o is both or/trust	an lee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	_
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Phil Cunliffe Director		1						0	0		0
(2) Jeff Van Duzer Director		1						0	0		0
(3) David Tang Director		1						0	0		0
(4) Ken Nielson Non-Voting Board of Directors		1						О	o		0
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											_
(11)											
(12)											
(13)	-										
(14)											

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yee:			lighe	st C	ompensated E	mployees (contin	ued)	
					•	C)					l		
	(B)	(do n	ot ch		more	e than o	опе	(D)	(E)		(F)		
	Name and title	Average hours per					is both		Reportable compensation	Reportab compensation		Estima amour	
		week					or/trust	<u> </u>	from	related		othe	
		(describe hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensatemployee	Former	the organization	organizatio		compen	
		related	rect	S	1	[품	est c	ө	(W-2/1099-MISC)	(W-2/1099-N 	/1130)	from toganiz	
		organizations	9 5	ᆲ		ğ	ĕ					and rel	ated
		ın Schedule O)	Iste	2		8	Pe				İ	organiza	ations
		-	"	6	İ		sated		1				
(15)				├							-+		
11.57		1											
(16)				\vdash	-	_		-	 		-+		
3.127		1									1		
(17)				\vdash		-							
7									1				
(18)					\vdash		 	\vdash	 				
1.9/				ļ							ļ		
(19)				╁╾	-	\vdash							
1		1											
(20)					-	_	-				-+		
35.71		1											
(21)							 	-			\neg		
S=:2		1											
(22)			-	-	\vdash			†	 		\dashv		
<u> </u>													
(23)					\vdash				[$\neg \dagger$		
3-11		•											
(24)				\vdash	一			<u> </u>					
3		1				ĺ			1				
(25)													•
32							İ				1		
1b	Sub-total							▶	0		0		0
C	Total from continuation sheets to Part	VII, Sectio	n A					▶	0		0		0
d	Total (add lines 1b and 1c)							>	0		0		0
2	Total number of individuals (including but						above	e) w	ho received m	ore than \$1	00,00	0 of	
	reportable compensation from the organi	ization ▶ 0											
													'es No
3	Did the organization list any former of						-	•		•		d EE ,	
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual					3	_ ✓
4	For any individual listed on line 1a, is the	sum of re	portal	ble :	соп	пре	nsatio	on a	ind other comp	ensation fr	om th	е 🚟 :	是 连
	organization and related organizations	greater th	an \$1	150,	,000)? [f "Ye	s, "	complete Sch	nedule J fo	r suc	h 医黑色	2 2
	individual		•	•			•	•				4	_ ✓
5	Did any person listed on line 1a receive of									zation or inc	dividua	al Estimate	ing a per
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	nedi	ıle J 1	for s	such person		<u> </u>	5	✓
Section	on B. Independent Contractors												
1	Complete this table for your five highest												
	compensation from the organization. Rep	ort compe	nsatio	on f	or ti	ne c	alenc	lar y	year ending wil	th or within	the or	ganization	's tax
	year.												
	(A)								(B)			(C)	
	Name and business add	iress						<u> </u>	Description of s	ervices		Compensati	ion
											<u> </u>		
								<u> </u>					
											<u> </u>		
								L _					
								<u>L_</u>	 -				
2	Total number of independent contractor							o th	nose listed ab	ove) who	開始		
	received more than \$100,000 of compens	sation from	the o	rgai	niza	tion					医罗光型	4	

Part	t VIII	Statement of Revo	enue				· · · · · · · · · · · · · · · · · · ·		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Grants	1a	Federated campaigns	s	1a		建筑区的	35. 新亚亚亚		
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .		1b					
S, E	С	Fundraising events .		1c			FEE TEL		
Gifts, illar Ar	ď	Related organizations	s	1d		建筑工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工	THE PROPERTY OF THE PARTY OF TH		
S, C	e	Government grants (cor		1e			14. 25. 14		
is is	f	All other contributions, g				是為集體主義			
Contributions, and Other Sim		and similar amounts not in	cluded above	1f	770,867	等性的	的超多使	金融资源	
d di	g	Noncash contributions inclu	ded in lines 1a-	-1f: \$				大学技术 对象	
a Co	h	Total. Add lines 1a-1	f		. •	770,867			等于,并不是否
ne l					Business Code	1985年70万元的	器對當門信念	14 14 14 14 14 14 14 14 14 14 14 14 14 1	为其类型的
Program Service Revenue	2a			ſ		1.5.	37 37 37 37 37 37 37 37 37 37 37 37 37 3		10 25 S 1994 1 To 2 (119 14) E
R.	b			[
/ice	С								
Sen	d							_	
Ē	e								
) da	f	All other program ser		ie.					
P	g	Total. Add lines 2a-2	f		>		汽车公司的	明明中代的知识	等。第二指列
	3	Investment income		dıvide	nds, interest,				
		and other similar amo	ounts)		🕨				
	4	Income from investmen	t of tax-exen	npt bor	nd proceeds ►				
	5	Royalties	<u> </u>		🕨				
			(i) Real		(ii) Personal	是			经进行通讯管理
	6a	Gross rents .					The state of the s	基记法规模	
	ь	Less. rental expenses				Figure			
	С	Rental income or (loss)				多等地联手	是多特性思		
	d	Net rental income or			.				
	7a	Gross amount from sales of	(i) Securiti	es	(ii) Other	唐与"特斯特"	上海流程		探京建型注意
		assets other than inventory							是一种"一种"的一种。
	þ	Less. cost or other basis							
		and sales expenses				257465.5-1			
	С	Gain or (loss)	L			医主题的	HE WILL	为并至为重点	對於,計劃所有
	d	Net gain or (loss) .		۔ ۔ ۔	<u>.</u>		<u> </u>		
انه	_						医动物性	据证据设施	
Other Revenue	8a	Gross income from fu	indraising				是是是是	医气膜镜。	
S		events (not including \$. . .			医罗克斯		
Ř		of contributions reports	ed on line 10				自主王明王刘	KIND OF THE PARTY	
Ē		See Part IV, line 18 .		· a					电影节节
δ	Ь	Less: direct expenses		. Ե լ					DEPAREMENT.
	C	Net income or (loss) f	rom tundrai	ısıng e	vents . >	De Stame \$100 and Tall.		files on the second of	المانية م المانية م المانية م المانية الم
	ya	Gross income from ga See Part IV, line 19 .				建筑管理		就是是的企业	
		•		· a				的問題的語句	
	b	Less: direct expenses Net income or (loss) f		. bL	iai			<u> Parenii</u>	
	C	Gross sales of in			mes	e strategy was a server so t	to a new management of the	the button of the sections	and at the to Sugar State
	iva	returns and allowance				国主党工 重			
				· a	 -			是主要基础	
	b	Less: cost of goods s Net income or (loss) fi			nton/	民族医疗主义理论			理論学の変型を
}	·	Miscellaneous R		,, ,,,vei	Business Code	SERVED BRITIS	Marketta Areas		Series and a series
ł	11a			-+				AT STREET A	
	b			 					
	C		·						
	d	All other revenue .		 			-		
	e	Total. Add lines 11a-			<u> </u>		Children and the	enter enter	
	12	Total revenue. See in				770,867	STATE OF THE STATE	tricing the ballion	A PROPERTY OF THE PARTY OF

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

_ -	Object if Oak and do Oak and disconnections		in Alora David IV		
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16.	743,774	743,774		NOTE: STATE OF
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			生。子室野的4年	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	8,498	8,498		
9 10 11 a	Other employee benefits				
b c d e	Legal		83 4847 FBN FBNF		
f g	Investment management fees Other	12.401	2512724 (12.34) 12.24		
12 13 14	Advertising and promotion	12,401 887		12,401 887	
15 16	Royalties				
17 18	Travel				
19 20	Conferences, conventions, and meetings . Interest				
21 22 23	Payments to affiliates				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Corporate Expenses	1,699	The second secon	1,699	
b	Bank Charges	3,784		3,784	
c d	Dain Olarges	3,704		3,704	
e	All other expenses		†		
25	Total functional expenses. Add lines 1 through 24e	771,043	752,272	18,771	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	77,543	102,212	10,771	

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	3,052	1	2,876
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	<u></u>
	4	Accounts receivable, net		4	6,400
	5	Receivables from current and former officers, directors, trustees, key	西美丽美丽		
		employees, and highest compensated employees. Complete Part II of Schedule L		₹ <u>(</u> 5	
	6	Receivables from other disqualified persons (as defined under section	尼斯·克德斯 阿	1444 1470 1470	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	计整洁结合体。	#\dis	
		employers and sponsoring organizations of section 501(c)(9) voluntary	retition to	100 m	主要的合理工程的可能
ets		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	(C. 1, p + 1, p) - ∞ → ∞ (2, p + 1, p)	9	Produktana Nezeta a d
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			是是過過學行業
				F	ANTER SPATIS
	l b	Less: accumulated depreciation		10c	–
	11	Investments—publicly traded securities	-	11	
	12 13	Investments – other securities. See Part IV, line 11		12	
	14	Investments—program-related. See Part IV, line 11		14	
	15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,052		9,276
	17	Accounts payable and accrued expenses	3,032	17	6,400
	18	Grants payable		18	0,100
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Payables to current and former officers, directors, trustees, key	(1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	, <u>5</u> = -	
Liabilities		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	设建设建设设度	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	ļ
	26	Total liabilities. Add lines 17 through 25	0	26	6,400
es		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	S. C. Care - In Section Section 17.	27	and a manage of the specifical production of the
ğ	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds	The second of th	30	an about and and a the that and
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.	3,052	32	2,876
Žet	33	Total net assets or fund balances	3,052	33	2,876
_	34	Total liabilities and net assets/fund balances	3,052	34	9,276
				_	5 000 (0044)

orm 9:	30 (2011)	Page 12
Part	XI Reconciliation of Net Assets	
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	770,867
2	Total expenses (must equal Part IX, column (A), line 25)	771,043
3	Revenue less expenses. Subtract line 2 from line 1	(176)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	3,052
5	Other changes in net assets or fund balances (explain in Schedule O)	0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	
	column (B))	2,876
Part	XII Financial Statements and Reporting	
	Check if Schedule O contains a response to any question in this Part XII	<u>.</u>
		Yes No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	· 大型 1500 1500 1500 1500 1500 1500 1500 150
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	
	Schedule O.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a ✓
b	Were the organization's financial statements audited by an independent accountant?	2b ✓
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c
	If the organization changed either its oversight process or selection process during the tax year, explain in	化基础的概定
	Schedule O.	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	
	issued on a separate basis, consolidated basis, or both:	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	
	the Single Audit Act and OMB Circular A-133?	3a ✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь
		Form 990 (2011)

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2011

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Canadian Inter-Varsity Christian Fellowship Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 🗹 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . |11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (v) Did you notify (ii) EIN (iii) Type of organization (vi) Is the (vii) Amount of in col (i) listed in your the organization in organization (described on lines 1-9 organization in col support governing document? col. (i) of your (i) organized in the above or IRC section. support? (see instructions)) Yes Nο Yes Yes (A) (B) (C) (D) (E) Total

Par	(Complete only if you checked to	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua) alify under
<u></u>	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	() 2007	41000		T		
1	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						- <u>-</u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	是海洋學學	YE WE	The second section	2年。生命是生		
Secti	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Gross receipts from related activities, etc			station truly as the sea of		12	
13	First five years. If the Form 990 is for the						
Se se	organization, check this box and stop he on C. Computation of Public Support		<u></u>	· · · · ·	· · · · ·		· · P 📮
<u>Secτι</u>	Public support percentage for 2011 (line	<u></u>		1 column (6)			
15	Public support percentage for 2011 (inter-			i, column (i))	• •	14	<u>%</u>
16a	331/3% support test—2011. If the organi box and stop here. The organization qua	ization did not	check the box	on line 13, and			
b	331/2% support test—2010. If the organ check this box and stop here. The organ					15 is 33¹/3%	or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "torganization	ets the "facts- facts-and-circu	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the neets the "facts	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th	is box and ste	and line op here. publicly
18	supported organization	id not check a		, 16a, 16b, 17a			. ► □ see . ► □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Saat:	on A Public Support	y under the te	SIS IISIEU DEI	ow, please co	inplete Part I	1.)	
	on A. Public Support	(e) 0007	(h) 0000	(a) 0000	(-1) 00:0	4-1 0044	<i>(</i> 0 =
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
'	received. (Do not include any "unusual grants.")			5.045	400.000	770 007	4.040.000
2	Gross receipts from admissions, merchandise			5,816	433,668	770,867	1,210,351
_	sold or services performed, or facilities						
	furnished in any activity that is related to the					ļ	
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
_							
4	Tax revenues levied for the						
	organization's benefit and either paid				1		
_	to or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge				_		
6	Total. Add lines 1 through 5			5,816	433,668	770,867	1,210,351
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	ļ					
b	Amounts included on lines 2 and 3						
	received from other than disqualified					ĺ	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	and the state of t	uende dimoedia	a marinar ileman ilena	BARREL STATE OF	7. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	
8	Public support (Subtract line 7c from						
C4:	line 6.)	注册的基础的	に対抗性に対抗性が	性が発行する		至2000年	1,210,351
	on B. Total Support	(-) 0007	#1.0000	() 0000	(5.55.5		
calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
-	Gross income from interest, dividends,			5,816	433,668	770,867	1,210,351
IVa	payments received on securities loans, rents,						
	royalties and income from similar sources .				i		
b	Unrelated business taxable income (less	-					
D	section 511 taxes) from businesses						
	acquired after June 30, 1975				İ		
_	Add lines 10a and 10b		_				
11	Net income from unrelated business						
• •	activities not included in line 10b, whether				Ì		
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)			5,816	433,668	770,867	1 210 204
14	First five years. If the Form 990 is for the	he organization	's first secon				1,210,351
• •	organization, check this box and stop he				·····		
Section	on C. Computation of Public Support						· · ► 🗸
15	Public support percentage for 2011 (line			3 column (fl)		15	%
16	Public support percentage from 2010 Sci					16	
	on D. Computation of Investment In			<u>· · · · · · · · · · · · · · · · · · · </u>	· · - ·	[10]	
17	Investment income percentage for 2011 (v line 13. colum	nn (fi)	17	 %
18	Investment income percentage from 2010					18	——————————————————————————————————————
19a	33¹/2% support tests—2011. If the organ						6. and line
	17 is not more than 33½%, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	orted organization	on . $ ightharpoon$
ь	331/2% support tests-2010. If the organization						
_	line 18 is not more than 331/2%, check this	box and stop h	ere. The organi	zation qualifies	as a publicly su	apported organi	zation ▶ 🗍
20	Private foundation. If the organization di						

Schedule A (F	Form 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		•••••
		
	······································	•••••
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Canadian Inter-Varsity Christian Fellowship Inc.

Employer identification number

71-1045544

Par	General Information Form 990, Part IV, line		ies Outside	the United States. Comp	plete if the organization answ	wered "Yes" to
1	For grantmakers. Does the assistance, the grantees' el	organization			cnteria used to award the	
	grants or assistance?				· · · · · · · · · · ·	✓ Yes ☐ No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for monit	coring the use of its grants	s and other
3	Activities per Region. (The fo	ollowing Part	l, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Canada	1	1			771,043
(2)						
(3)						
(4)						
(5)						
						·
(6)						
<u>(7)</u>						
(8)						
(9)						
(10)	 x					
(11)						
(12)	 					
(13)						
(14)						
(15)						
(16)						
(17) (17)						
(17) 3a	Sub-total	1	1		Crosswer of State of	771.640
b	Total from continuation	'	<u> </u>			771,043
_	sheets to Part I Totals (add lines 3a and 3b)	1	1			774 040
U	Totals (aud mies sa and 30)	<u> </u>			2	771,043

Page 2

Schedule F (F	Schedule F (Form 990) 2011
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
	Part II can be dunlicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)	FMV		g their mission of Jesus Christ				1								
(h) Description of non-cash assistance	N/A		Grants paid to Inter-Varsity Christian Fellowship of Canada for purposes of fulfilling their mission of transforming Canada's youth, students, and graduates into committed followers of Jesus Christ										;		
(g) Amount of non-cash assistance	N/A N/A		ellowship of Canada												
(f) Manner of cash disbursement	cheque		ter-Varsity Christian I Janada's youth, stude												
(e) Amount of cash grant	743,774		Grants paid to In of transforming (
(d) Purpose of grant										:					
(c) Region	Canada														
(b) IRS code section and EIN (if applicable)	O NOTICE AND ADDRESS OF THE PARTY OF THE PAR														
1 (8) Name of organization	์ มนเคา-ซอล์เทู ซิกโรนิก (ก) ศิปิเคาสน์เกิดท์ผิกนิสม	(<u>a</u>	(0)	(C)	9	(9)	(0)	(0)	(00)	70.0)	(G)	(<u>(G</u>))	(CO).	(<u>G</u>))	(60)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities 0 က

Schedule F (Form 990) 2011

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Schedule F (Form 990) 2011

| Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

| Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III

במור חוו כמוו מפ מתלחות	rait ill call de duplicated il additiolial space is lifeded.	a is ilegaed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
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(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2011

Schedule	F (Form	990)	2011

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Part	V Foreign Forms		, ago
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	☑ No

Schedule F (Form 990) 2011

Supplemental Information	Part V	Supplemental	Information
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Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Grants are to an affiliated organization (Inter-Varsity Christian Fellowship of Canada), therefore Canadian Inter-Varsity Christian Fellowship		
are able to monitor and have knowledge of the use of grant funds.		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

Canadian Inter-Varsity Christian Fellowship Inc.

Employer identification number
71-1045544

The organization receives grants from Inter-Varsity Christian Fellowship USA and and other general donations, which it then grants to
Inter-Varsity Christian Fellowship of Canada for the purpose of achieving the mission of transforming Canada's youth, students and
graduates into fully committed followers of Jesus Christ. These grants make up the organization's program expenses. There are no other
significant activities.
For Form 990 Section B 11b - All members of the governing body are provided a copy of the Form 990 before the filing. The process before
filing the return would be to provide the information to their Director of Finance of IVCF Canada to review and approve the returns.
For Form 990 Section B 15a and 15b - There has been no compensation for management asked for or granted by the Board. The only
employees of Canadian IVCF are summer employees and their compensation is set by the camp directors.
For Form 990 Section C 19 - There have been no request by the public for governing documents, conflict of interest policy, and financial
statements during the year.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number

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