



PART V TAX RETURN – TAX ON NON-QUALIFIED INVESTMENTS OF A REGISTERED CHARITY

- Use this form if you are liable to tax under subsection 189(1). You are liable if interest paid within 30 days after the end of the taxation year on a debt owing that was a non-qualified investment of a registered charity that is a private foundation is less than the amount of interest that would be payable on the debt calculated using prescribed rates.
"Non-qualified investment" and "private foundation" are defined in subsection 149.1(1).
File two completed copies of this return, with any tax owing:
(1) on or before the day you are required, or would be required if tax were payable, to file a return of income under Part I;
(2) at the tax centre that serves you; and
(3) separate from any other return.
Penalties may apply if this return is filed after the due date. Such penalties and any unpaid taxes bear interest compounded daily at a prescribed rate.
Parts, sections, and subsections referred to in this return are those of the Income Tax Act.

Do not use this area

Name of taxpayer (print) Social insurance number
Address Tax services office
Taxation year for the period From Year Month Day to Year Month Day Business Number (BN)

Name of private foundation (print) BN/Registration Number
Address
Name of person to contact for more information Area code Telephone number

Calculation of tax payable

Complete applicable schedules on pages 2 and 3 before completing this area.
Total minimum interest payable (from Schedule C) 1
Deduct:
i) Interest paid for the taxation year on the debts included in Schedule A
ii) Amount of dividends received by the private foundation in the year on the shares included in Schedule B
Sub-total 2
Tax payable (enter nil if 2 exceeds 1)

Do not use this area

Total amount remitted (enter amount enclosed) \$

Attach a cheque or money order for the amount of the tax payable to the Receiver General. Specify "T2140" on the remittance, and indicate the name and Business Number or social insurance number of the taxpayer whose account is to be credited.

Certification

I, (please print), certify that the information given in this return and in any attached documents is, to the best of my knowledge, true, correct, and complete.
Date Signature of individual or authorized officer Position or office of authorized officer

