

Association for the Advancement of Scholarship

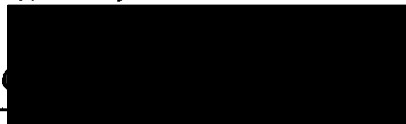
BALANCE SHEET as at April 30 (Unaudited)

ASSETS	2021	2020
Cash on hand, bank accounts and short-term investments	\$ 8,710.15	\$ 15,238.96
Naming Rights	500,000.00	2,000,000.00
Properties - Alberta	930,000.00	930,000.00
GST Receivable	<u>730.31</u>	<u>8.13</u>
TOTAL ASSETS	\$ 1,439,440.46	\$ 2,945,248.09
LIABILITIES		
TOTAL LIABILITIES		
Accounts Payable	\$ 2,692.35	\$ 395.25
Loan Payable	0.00	\$ 235,544.11
Note payable	<u>0.00</u>	<u>0.00</u>
	\$ 2,692.35	\$ 235,939.36

STATEMENT OF CHANGES IN EQUITY

Balance at Beginning of Period	\$ 2,709,308.73	\$ 2,841,065.28
Increase in Equity during period	<u>(1,272,560.62)</u>	<u>(131,756.55)</u>
Surplus at End of Period	\$ 1,436,748.11	\$ 2,709,308.73
Surplus and Liabilities	\$ 1,439,440.46	\$ 2,945,248.09

Approved by:



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Association for the Advancement of Scholarship

STATEMENT OF RECEIPTS AND DISBURSEMENTS for the fiscal year ended April (Unaudited)

Receipts:	2021	2020
Interest Income	\$ 0.00	\$ 0.00
Donation - unreceipted	235,544.11	0.00
Donation received from other charities	40,000.00	5,000.00
Loss on asset ** see Note	(1,500,000.00)	0.00
Royalty income	<u>0.00</u>	<u>0.00</u>
Total Receipts	\$ (1,224,455.89)	\$ 5,000.00
Disbursements:		
Gifts to Qualified Donees	\$ 0.00	\$ 5,000.00
Charitable Programs		
Scholarships	\$ 0.00	\$ 125,640.00
Charitable programme	0.00	0.00
Administrative expenses		
Legal and accounting	41,791.03	386.12
Travel expense	0.00	0.00
Office expense	0.00	0.00
Research expense	0.00	0.00
Property expense	4,299.37	4,177.77
Insurance	1,875.00	1,360.00
Bank fees	<u>139.33</u>	<u>192.68</u>
Total Disbursements	\$ 48,104.73	\$ 136,756.55
EQUITY		
Increase (Decrease) in Equity during Period	\$ (1,272,560.62)	\$ (131,756.55)

NOTE:



Association for the Advancement of Scholarship

STATEMENT OF CASH FLOW for the period ended April (Unaudited)

OPERATING ACTIVITIES:	2021	2020
Excess (Deficiency) of revenue over expenses	\$ (1,272,560.62)	\$ (131,756.55)
Changes in non-working capital:		
Accounts receivable	1,499,278.82	1,508.43
Accounts payable	<u>(233,247.01)</u>	<u>395.25</u>
Increase (Decrease) in cash flow	\$ (6,528.81)	\$ (129,854.87)
Cash - beginning of year	<u>15,238.96</u>	<u>145,093.83</u>
Cash - end of year	<u>\$ 8,710.15</u>	<u>\$ 15,238.96</u>

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Protected B when completed

Amended

Registered Charity Adjustment Request

- Use this form if you are a director, trustee, like official, or authorized representative requesting changes to the information filed on Form T3010, *Registered Charity Information Return*. You can also use Section B to change the charity's mailing address.
- For information on how to make other changes such as the charity's legal name, designation, telephone number, or activities, go to canada.ca/charities-giving, select Operating a registered charity, and see Making changes, or call Client Service at 1-800-267-2384.
- Information collected on this form is available to the public, except where it is identified as confidential.
- See the back of this form for instructions on how to complete it. Incorrect or incomplete information may result in processing delays.

Section A - Identification of the organization

Legal name of charity

Association for the Advancement of Scholarship

BN/registration number
88741 7806 RR 0001

Section B - Change of mailing address

New mailing address (street number, name, city, province or territory, and postal code)
1250 - 1500 West Georgia St

Effective date of new address

Vancouver

BC

V6G 2Z6

Year Month Day

Section C - Form T3010 adjustment details

- 1) Enter the fiscal period-end for adjustment 2021/04/30 (Use a separate form for each fiscal period that requires an adjustment.)
- 2) In the table below, list each line of the charity's Form T3010 that you want to change. If a change affects the total amount reported on a different line of Form T3010, you must also list the affected line, its original amount, and the corrected amount. See the back of this form for examples.

Column 1 Line numbers on Form T3010	Column 2 Original information or amount reported on Form T3010	Column 3 Revised information or amount
4155	930000	1568438
4200	1439440	2077878
4510	40000	672232
4580	0	6208
4700	-1224456	-586018
5910	2026675	2345913

Other details or explanations (if you need more space, attach a separate sheet using the same format)

Omitted two transactions related to debt satisfaction Agreement in error

Section D - Certification (confidential information)

This form must be signed by a director, trustee, like official, or authorized representative of the charity. Authorization must be on file with the Canada Revenue Agency. It is a serious offence under the *Income Tax Act* to provide false or deceptive information.

Name of person who filled out this form (print or type)
Shella Britton

Position in charity (if applicable)
Director

Firm name (if applicable)



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: 3

Place bar code label here

Public information	Confidential data
Last name: Nalugwa First name: Victoria Initial: _____ Term ▶ Start date (Y/M/D): 2 0 1 3 0 7 3 1 End date (Y/M/D): _____ Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: Britton First name: Sheila Initial: _____ Term ▶ Start date (Y/M/D): 2 0 2 0 0 9 2 2 End date (Y/M/D): _____ Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: Hammond First name: Lois Initial: _____ Term ▶ Start date (Y/M/D): 2 0 2 0 0 9 3 0 End date (Y/M/D): _____ Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: _____ First name: _____ Initial: _____ Term ▶ Start date (Y/M/D): _____ End date (Y/M/D): _____ Position: _____ At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: _____ First name: _____ Initial: _____ Term ▶ Start date (Y/M/D): _____ End date (Y/M/D): _____ Position: _____ At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: _____ First name: _____ Initial: _____ Term ▶ Start date (Y/M/D): _____ End date (Y/M/D): _____ Position: _____ At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Last name: _____ First name: _____ Initial: _____ Term ▶ Start date (Y/M/D): _____ End date (Y/M/D): _____ Position: _____ At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Residential address - Street number and name:		
City:	Prov/Terr:	Postal code:
Phone number	Date of birth (Y/M/D):	