

Gifts to Canadian Football Federation

\$26,313,879

From Loyalty Foundation:

\$ 5,236,800 (2005)

\$ 4,889,030 (2006)

\$ 2,881,580 (2007)

\$ 2,950,463 (2008)

\$ 5,013,449 (2009) *

\$ 3,742,557 (2010)

Total: \$ 24,713,879 (2005-2010)

From C & R Foundation:

\$ 950,000 (2008)

\$ 650,000 (2009)

Total: \$ 1,600,000

* CRA not able to provide tax return for 2009.



Qualified Donees Worksheet

Provide the name of each qualified donee, whether or not it is an associated charity, its location, amount, if any, of specified gifts. List the qualified donees in the order of the total amount of the

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Total number of qualified donees

Name of qualified donee: Canadian Football Federation		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Vancouver, BC			
BN/registration number: <input type="text" value="R"/>	Total amount of gifts: <input type="text" value="950,000"/>	Amount of specified gifts: <input type="text" value="0"/>	
Name of qualified donee: Loyalty Foundation		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Vancouver, BC			
BN/registration number: <input type="text" value="89917 2803 RR 0001"/>	Total amount of gifts: <input type="text" value="200,000"/>	Amount of specified gifts: <input type="text" value="0"/>	
Name of qualified donee: Vancouver Aquarium Marine Science		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Vancouver, BC			
BN/registration number: <input type="text" value="11928 2119 RR 0001"/>	Total amount of gifts: <input type="text" value="300,000"/>	Amount of specified gifts: <input type="text" value="0"/>	
Name of qualified donee: BC Children's Hospital Foundation		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Vancouver, BC			
BN/registration number: <input type="text" value="11885 2433 RR 0001"/>	Total amount of gifts: <input type="text" value="500"/>	Amount of specified gifts: <input type="text" value="0"/>	
Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number: <input type="text" value="R"/>	Total amount of gifts: <input type="text" value="0"/>	Amount of specified gifts: <input type="text" value="0"/>	
Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number: <input type="text" value="R"/>	Total amount of gifts: <input type="text" value="0"/>	Amount of specified gifts: <input type="text" value="0"/>	
Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number: <input type="text" value="R"/>	Total amount of gifts: <input type="text" value="0"/>	Amount of specified gifts: <input type="text" value="0"/>	
Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number: <input type="text" value="R"/>	Total amount of gifts: <input type="text" value="0"/>	Amount of specified gifts: <input type="text" value="0"/>	
Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number: <input type="text" value="R"/>	Total amount of gifts: <input type="text" value="0"/>	Amount of specified gifts: <input type="text" value="0"/>	



Qualified Donees Worksheet / Amounts Provided to Other

Registered charities may make gifts to qualified donees. Provide the required information for See the reverse for explanations of the terms used.

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Total number of Qualified Donees/Other Organizations:

Name of organization: Canadian Football Federation - RCAA		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/registration number: <input type="text" value="R"/>	City and Prov/Terr: <input type="text" value="Vancouver, BC"/>		
Amount of enduring property: \$ <input type="text" value="0"/>	Amount of specified gifts: \$ <input type="text" value="0"/>		
Amount of gifts-in-kind: \$ <input type="text" value="0"/>	Total amount of gifts: \$ <input type="text" value="650,000"/>		
Name of organization: Loyalty Foundation		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/registration number: <input type="text" value="89917 2803 RR 0001"/>	City and Prov/Terr: <input type="text" value="Vancouver, BC"/>		
Amount of enduring property: \$ <input type="text" value="500,000"/>	Amount of specified gifts: \$ <input type="text" value="0"/>		
Amount of gifts-in-kind: \$ <input type="text" value="0"/>	Total amount of gifts: \$ <input type="text" value="1,158,562"/>		
Name of organization: FondsQuebec		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/registration number: <input type="text" value="12113 3987 RR 0001"/>	City and Prov/Terr: <input type="text" value="Montreal QC"/>		
Amount of enduring property: \$ <input type="text" value="0"/>	Amount of specified gifts: \$ <input type="text" value="0"/>		
Amount of gifts-in-kind: \$ <input type="text" value="0"/>	Total amount of gifts: \$ <input type="text" value="10,000"/>		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/registration number: <input type="text" value="R"/>	City and Prov/Terr: <input type="text" value="Vancouver, BC"/>		
Amount of enduring property: \$ <input type="text" value="0"/>	Amount of specified gifts: \$ <input type="text" value="0"/>		
Amount of gifts-in-kind: \$ <input type="text" value="0"/>	Total amount of gifts: \$ <input type="text" value="0"/>		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/registration number: <input type="text" value="R"/>	City and Prov/Terr: <input type="text"/>		
Amount of enduring property: \$ <input type="text" value="0"/>	Amount of specified gifts: \$ <input type="text" value="0"/>		
Amount of gifts-in-kind: \$ <input type="text" value="0"/>	Total amount of gifts: \$ <input type="text" value="0"/>		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/registration number: <input type="text" value="R"/>	City and Prov/Terr: <input type="text"/>		
Amount of enduring property: \$ <input type="text" value="0"/>	Amount of specified gifts: \$ <input type="text" value="0"/>		
Amount of gifts-in-kind: \$ <input type="text" value="0"/>	Total amount of gifts: \$ <input type="text" value="0"/>		
Name of organization:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/registration number: <input type="text" value="R"/>	City and Prov/Terr: <input type="text"/>		
Amount of enduring property: \$ <input type="text" value="0"/>	Amount of specified gifts: \$ <input type="text" value="0"/>		
Amount of gifts-in-kind: \$ <input type="text" value="0"/>	Total amount of gifts: \$ <input type="text" value="0"/>		