



REGISTERED CHARITY INFORMATION RETURN

Section A: Identification

22 2011-03-31 854728300 RR 0001 3026628

- Guide T4033, Completing the Registered Charity Information Return, is available through our Forms and publications Web pages at www.cra.gc.ca/charities.
• The Privacy Act protects all personal information given on this form, which is kept in personal information bank CRA PPU 200. The Canada Revenue Agency (CRA) will make this form and all attachments available to the public on the Charities Directorate Web site, except for information or data identified as confidential.

Remember: Even if the charity goes through an inactive period, you must continue to file information returns to maintain its registered status.

If you did not receive a barcode label to affix to the return, please complete the following:

1. Charity's name: Almoner Foundation
2. Return for fiscal period ending: 2011/03/31
3. BN/registration number: 85472 8300 RR 0001
4. Web address (if applicable)

A1 Was the charity in a subordinate position to a parent organization? 1510 Yes No

If yes, please provide the name and BN/registration number of the organization.

Name BN (if applicable) RR

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

A3 All charities are designated as one of the following: a charitable organization, a public foundation, or a private foundation. Is your organization designated as a public foundation or private foundation? 1600 Yes No

(Refer to the Form TF725, Registered Charity Basic Information sheet (BIS) to confirm. This form is included in the return package.)

If yes, you must complete and attach Schedule 1, Foundations, to your return.

Section B: Directors/trustees and like officials

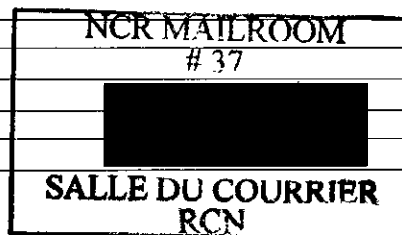
B1 The charity is required to provide certain information for all members of its board of directors/trustees for the complete fiscal period. Only the public information section on the worksheet is available to the public.

Section C: Programs and general information

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

C2 In the space provided, describe all ongoing and new charitable programs the charity carried on to further its charitable purpose(s) (as defined in its governing documents) this fiscal period.

Ongoing programs:
It made gifts to Qualified donees.
New programs:



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? **2000** Yes No
If yes, you must complete and attach Form T1236, *Qualified Donees Worksheet/Amounts Provided to Other Organizations*, to your return.
- 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 (other than qualified donees) for any activity/program/project outside Canada? **2100** Yes No
If yes, you must complete and attach Schedule 2, *Activities Outside Canada*, to your return.

A registered charity may pursue political activities to retain, oppose, or change the law, policy, or decision of any level of government inside or outside Canada provided the activities are non-partisan, related to its charitable purposes, and limited in extent.

- C5** (a) Did the charity carry on any political activities during the fiscal period? **2400** Yes No
(b) Enter the total amount spent by the charity on these activities **5030**\$

- C6** If the charity carried on fundraising activities or engaged third parties to carry on fundraising activities on its behalf, tick all fundraising methods that it used during the fiscal period.

- | | | | | | |
|-------------------------------|---|-------------------------------|---|-------------------------------|----------------------------|
| <input type="checkbox"/> 2500 | Advertisements/print/radio/
TV commercials | <input type="checkbox"/> 2570 | Fundraising sales (e.g., cookies) | <input type="checkbox"/> 2620 | Telephone/TV solicitations |
| <input type="checkbox"/> 2510 | Auctions | <input type="checkbox"/> 2575 | Internet | <input type="checkbox"/> 2630 | Tournament/sporting events |
| <input type="checkbox"/> 2530 | Collection plate/boxes | <input type="checkbox"/> 2580 | Mail campaigns | <input type="checkbox"/> 2640 | Cause-related marketing |
| <input type="checkbox"/> 2540 | Door-to-door solicitation | <input type="checkbox"/> 2590 | Planned-giving programs | <input type="checkbox"/> 2650 | Other |
| <input type="checkbox"/> 2550 | Draws/lotteries | <input type="checkbox"/> 2600 | Targeted corporate donations/
sponsorships | <input type="checkbox"/> 2660 | Specify: _____ |
| <input type="checkbox"/> 2560 | Fundraising dinners/galas/concerts | <input type="checkbox"/> 2610 | Targeted contacts | | |

- C7** Did the charity pay external fundraisers? **2700** Yes No
If yes, you must complete the following lines, and complete and attach Schedule 4, *Confidential Data*, 1. Information about Fundraisers.

(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) Identify the method of payment to the fundraiser:

- | | | | | | |
|-------------------------------|-------------|-------------------------------|----------------------|-------------------------------|----------------|
| <input type="checkbox"/> 2730 | Commissions | <input type="checkbox"/> 2750 | Finder's fees | <input type="checkbox"/> 2770 | Honoraria |
| <input type="checkbox"/> 2740 | Bonuses | <input type="checkbox"/> 2760 | Set fee for services | <input type="checkbox"/> 2780 | Other |
| | | | | <input type="checkbox"/> 2790 | 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 out-of-pocket expenses)? **3200** Yes No

- C9** Did the charity incur any expenses for compensation of employees during the fiscal period? **3400** Yes No
If yes, you must complete and attach Schedule 3, *Compensation*, to your return.

- 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?

If yes, you must complete and attach Schedule 4, *Confidential Data*, 2. Information about Donors Not Resident in Canada, for each donation of \$10,000 or more.

- C11** Did the charity receive any non-cash gifts (gifts-in-kind) for which it issued tax receipts? **4000** Yes No
If yes, you must complete and attach Schedule 5, *Non-Cash Gifts* to your return.

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

- C13** Did the charity allow a donor to use any of the charity's property during the fiscal period? (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

Section D: Financial information

If any of the following applies to your charity, proceed to Schedule 6, *Detailed Financial Information*, and do not complete Section D below. If none of the following applies, complete Section D.

- a) The charity's revenue exceeds \$100,000.
- b) The amount of all property (e.g., investments, rental properties) not used in charitable programs exceeds \$25,000.
- c) The charity currently has permission to accumulate funds during this fiscal period.

Please show all figures to the nearest single dollar.

D1 Was the financial information reported below prepared on an accrual or cash basis? 4020 Accrual Cash

D2 Summary of financial position:

Using the charity's own financial statements, provide the following:

Does the charity own land and/or buildings? 4050 Yes No

Total assets (including land and buildings) 4200 \$

Total liabilities 4350 \$

Did the charity borrow from, loan to, or invest assets with any non-arm's length parties? 4400 Yes No

D3 Revenue:

Did the charity issue tax receipts for donations? 4490 Yes No

If yes, what is the total eligible amount of all donations for which the charity issued tax receipts 4500 \$ 0

Total amount of 10 year gifts received 4505 \$ 0

Total amount received from other registered charities 4510 \$ 0

What is the total amount for all other donations received for which a tax receipt was not issued by the charity? (excluding amounts at lines 4575 and 4630) 4530 \$

Did the charity receive any revenue from any level of Canadian government? 4565 Yes No

If yes, total amount received 4570 \$

Total non tax-receipted amounts from all sources outside Canada (government and non-government). 4575 \$

Total non tax-receipted amounts from fundraising 4630 \$ 0

Total revenue from sale of goods and services (except to any level of Canadian government). 4640 \$

Other amounts not already included in the amounts above 4650 \$

Total revenue (Add lines 4500 to 4650, excluding line 4505) 4700 \$ 0

D4 Expenditures:

What was the charity's total expenditure on professional and consulting fees? 4860 \$

What was the charity's total expenditure on travel and vehicles? 4810 \$

All other expenditures not already included in the amounts above (excluding gifts to qualified donees) 4920 \$

Total expenditures (excluding gifts to qualified donees) (Add lines 4860, 4810, and 4920) 4950 \$

Of the total amount at line 4950:

a) How much did the charity spend on charitable programs? 5000 \$ 0

b) How much did the charity spend on management and administration? 5010 \$

Total amount of gifts made to all qualified donees 5050 \$ 0

Total expenditures (Add lines 4950 and 5050) 5100 \$ 0

Section E: Certification

This return must be signed by a director/trustee or like official of the registered charity 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 form, the basic information sheet, and any attachment is, to the best of my knowledge, correct, complete, and current.

Name (please print):

Blake Bromley

Position in charity:

Director

Date:

2011/09/30

Section F: Confidential Data

T3010, Registered Charity Information Return, checklist

- Have you confirmed that all charity information included in the Form TF725, *Registered Charity Basic Information Sheet* (BIS) is correct?
 - Some changes can be made directly on the BIS.
- Have you attached Form TF725, *Registered Charity Basic Information sheet* (BIS)?
- Has the charity made any amendments to its governing documents during the fiscal period?
 - If yes, have you sent us an official copy of the amended governing documents in a separate envelope?
- Have you completed Schedule 1, *Foundations*, if required?
- Have you attached Form T1235, *Directors/Trustees and Like Officials Worksheet*?
- Have you attached Form T1236, *Qualified Donees Worksheet/Amounts Provided to Other Organizations*, if required?
- Have you completed Schedule 2, *Activities Outside Canada*, if required?
- Have you completed Schedule 3, *Compensation*, if required?
- Have you completed Schedule 4, *Confidential Data*, if required?
- Have you completed Schedule 5, *Non-Cash Gifts*, if required?
- Have you completed Schedule 6, *Detailed Financial Information*, if required?
- Have you attached a copy of the charity's financial statements?

- 1 Did the foundation acquire control of a corporation in the fiscal period? 100 Yes No
- 2 Did the foundation incur any debts at any time during the fiscal period other than for current operating expenses, purchasing or selling investments, or in administering charitable programs? 110 Yes No

For private foundations only:

- 3 At any time during the fiscal period, did the foundation hold any shares, rights to acquire shares, or debts owing to it that meet the definition of a non-qualified investment? 120 Yes No
- 4 Did the foundation own more than 2% of any class of shares of a corporation at any time during this fiscal period? 130 Yes No

If yes, you must complete and attach *Form T2081, Excess Corporate Holdings Worksheet*, to your return.
 (Note: Only private foundations will have this worksheet included in their return package.)

Activities Outside Canada

Schedule 2

For more information about carrying on programs outside Canada see the Charities Directorate website at www.cra.gc.ca/charities

- 1 What were total expenditures on activities/programs/projects carried on outside Canada during the fiscal period, excluding gifts to qualified donees? 200 \$
- 2 Were any of the charity's resources provided for programs outside Canada under any kind of an arrangement including a contract, agency agreement, or joint venture to any other individual or entity (excluding gifts to qualified donees)? 210 Yes No

If yes, enter the amounts of the total reported on line 200 transferred to these individuals/organizations as required in the following table.

Name of individual/organization	Using the list on the reverse, identify country code where activities were carried on.	Amount (\$) Show amounts to the nearest single dollar.

- 3 Using the list on the reverse, identify the countries where the charity itself carried on programs or provided any of its resources. Enter the appropriate country codes in the following spaces.

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- 4 Are any projects undertaken outside Canada funded by the Canadian International Development Agency (CIDA)? 220 Yes No
- If yes, what was the total amount of funds expended under this arrangement? 230 \$

- 5 Were any programs carried on outside Canada carried out by employees of the charity? 240 Yes No
- 6 Were any programs carried on outside Canada carried out by volunteers of the charity? 250 Yes No
- 7 Is the charity exporting goods as part of its charitable programs? 260 Yes No

If yes, list the items being exported, their value, their destination (city/region) and country code.

Item	Value	Destination (city/region)	Country code

COUNTRY CODES

Americas-Central and South

AR-Argentina
 BO-Bolivia
 BR-Brazil
 CL-Chile
 CO-Columbia
 CR-Costa Rica
 CU-Cuba
 DO-Dominican Republic
 EC-Ecuador
 SV-El Salvador
 GT-Guatemala
 GY-Guyana
 HT-Haiti
 HN-Honduras
 JM-Jamaica
 MX-Mexico
 NI-Nicaragua
 PA-Panama
 PE-Peru
 UY-Uruguay
 VE-Venezuela
 QM-Other

Americas-North

US-United States of America
 QN-Other

Middle East

IR-Iran
 IQ-Iraq

IL-Israel
 PS-Israeli Occupied Territories
 JO-Jordan
 KW-Kuwait
 LB-Lebanon
 OM-Oman
 QA-Qatar
 SA-Saudi Arabia
 SY-Syrian Arab Republic
 YE-Yemen
 QO-Other

Europe

AL- Albania
 AM-Armenia
 BA-Bosnia and Herzegovina
 BY-Belarus
 BG-Bulgaria
 DK-Denmark
 ES-Spain
 FR-France
 GE-Georgia
 DE-Germany
 GB-United Kingdom
 HR-Croatia
 IT-Italy
 CY-Cyprus
 MK-Macedonia
 ME-Montenegro
 NL-Netherlands
 PL-Poland
 RO-Romania

RU-Russia
 RS-Serbia
 TR-Turkey
 UA-Ukraine
 QP-Other

Asia and Oceania

AF- Afghanistan
 AZ-Azerbaijan
 BD-Bangladesh
 BT-Bhutan
 KH-Cambodia
 CN-China
 IN-India
 ID-Indonesia
 KZ-Kazakhstan
 KG-Kyrgyzstan
 LA-Laos
 LK-Sri Lanka
 MY-Malaysia
 MN-Mongolia
 MM-Myanmar (Burma)
 KP-North Korea
 KR-South Korea
 PK-Pakistan
 PH-Philippines
 SG-Singapore
 TH-Thailand
 TJ-Tajikistan
 TL-Timor-Leste
 UZ-Uzbekistan
 VN-Vietnam
 QR-Other

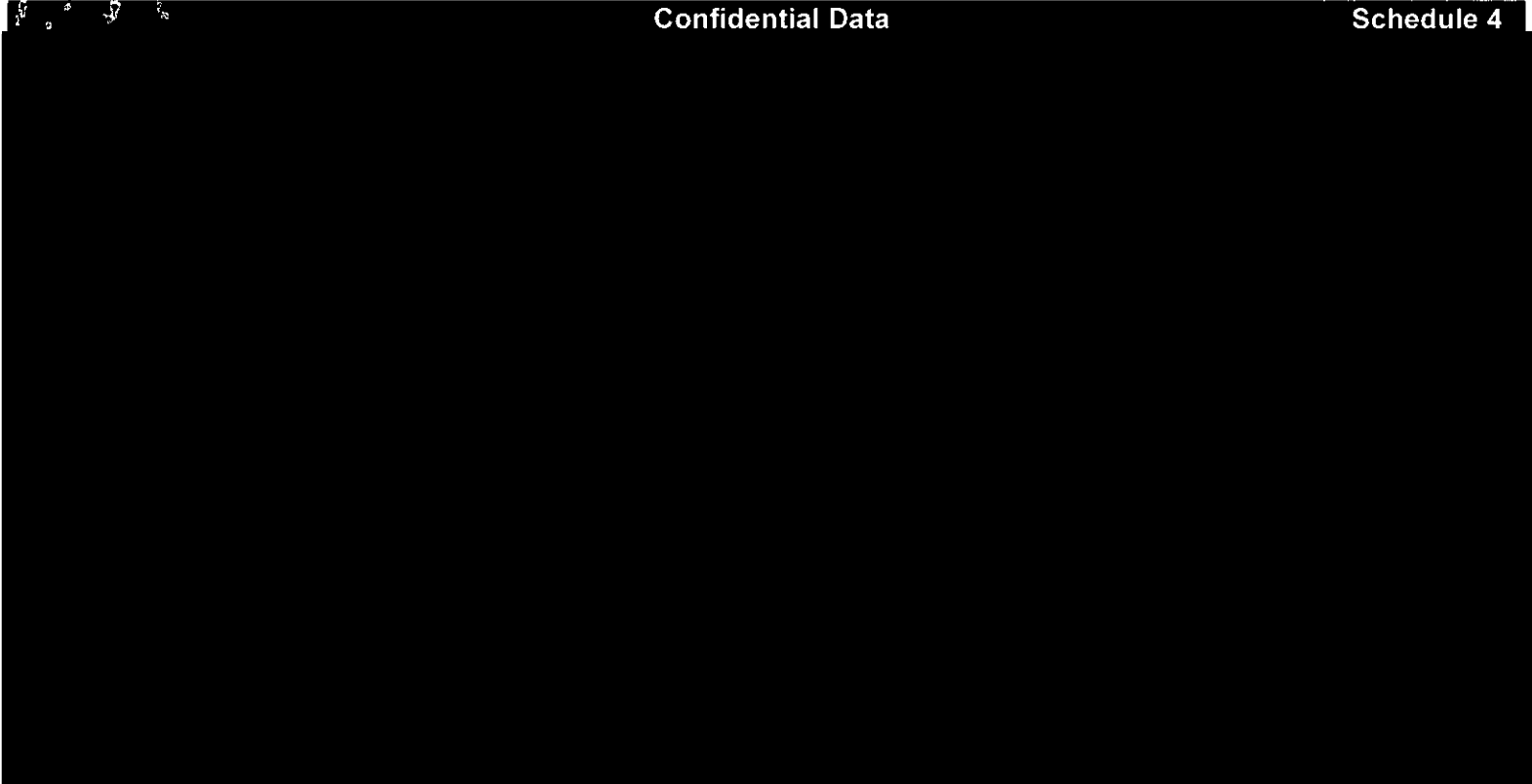
Africa

DZ-Algeria
 AO-Angola
 BW-Botswana
 CM-Cameroon
 CF-Central African Republic
 TD-Chad
 CG-Republic of Congo
 CD- Democratic Republic of Congo
 EG-Egypt
 ET-Ethiopia
 GA-Gabon
 GM-Gambia
 GH-Ghana
 NA-Namibia
 KE-Kenya
 LR-Liberia
 MG-Madagascar
 NE-Niger
 NG-Nigeria
 RW-Rwanda
 SL-Sierra Leone
 SO-Somalia
 SD-Sudan
 UG-Uganda
 ZM-Zambia
 ZW-Zimbabwe
 QS-Other

Compensation

Schedule 3

- 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. **300**
- (b) For the **ten (10)** highest compensated, permanent, full-time positions enter the **number** falling within each of the following annual compensation categories.
- | | | | | | |
|------------|-----------------------|------------|-----------------------|------------|-----------------------|
| 305 | \$1 – \$39,999 | 310 | \$40,000 – \$79,999 | 315 | \$80,000 – \$119,999 |
| 320 | \$120,000 – \$159,999 | 325 | \$160,000 – \$199,999 | 330 | \$200,000 – \$249,999 |
| 335 | \$250,000 – \$299,999 | 340 | \$300,000 – \$349,999 | 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) What was the **total expenditure** on compensation for part-time or part-year employees in the fiscal period? **380\$**
- 3** What was the charity's **total expenditure** on all compensation in the fiscal period? **390\$**



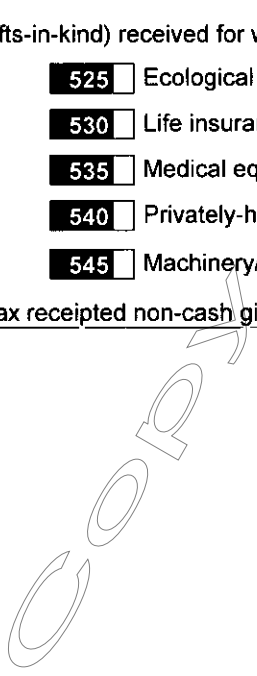
Non-Cash Gifts

Schedule 5

1 Identify all types of non-cash gifts (gifts-in-kind) received for which a tax-receipt was issued:

- 500 Artwork/wine/jewellery
- 505 Building materials
- 510 Clothing/furniture/food
- 515 Vehicles
- 520 Cultural properties
- 525 Ecological properties
- 530 Life insurance policies
- 535 Medical equipment/supplies
- 540 Privately-held securities
- 545 Machinery/equipment (including computers and software)
- 550 Publicly traded securities/mutual funds
- 555 Books (literature, comics)
- 560 Other
- 565 Specify: _____

2 Indicate the total eligible amount of tax received non-cash gifts 580\$



Was the financial information reported below prepared on an accrual or cash basis?

4020 Accrual Cash

Statement of financial position

Show figures to the nearest single dollar.

Assets:

Cash, bank accounts, and short-term investments	4100\$	6,126,814
Amounts receivable from non-arm's length parties	4110\$	
Amounts receivable from all others	4120\$	3,048,083
Investments in non-arm's length parties	4130\$	
Long-term investments	4140\$	
Inventories	4150\$	
Land and buildings in Canada	4155\$	21,840,000
Other capital assets in Canada	4160\$	
Capital assets outside Canada	4165\$	
Accumulated amortization of capital assets	4166\$	
Other assets	4170\$	9,999,773
10 year gifts	4180\$	
Total assets (add lines 4100 to 4170)	4200\$	41,014,670

Liabilities:

Accounts payable and accrued liabilities	4300\$	51,009
Deferred revenue	4310\$	
Amounts owing to non-arm's length parties	4320\$	
Other liabilities	4330\$	14,230,953
Total liabilities (add lines 4300 to 4330)	4350\$	14,281,962

Amount included in lines 4150, 4155, 4160, 4165 and 4170 not used in charitable programs

	4250\$	9,999,773
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Statement of operations

Revenue:

Total eligible amount of all gifts for which the charity issued tax receipts	4500\$	4,900,000
Total eligible amount of tax-receipted tuition fees	5610\$	
Total amount of 10 year gifts received	4505\$	
Total amount received from other registered charities	4510\$	
Total other gifts received for which a tax receipt was not issued by the charity	4530\$	
Total revenue received from federal government	4540\$	
Total revenue received from provincial/territorial governments	4550\$	
Total revenue received from municipal/regional governments	4560\$	
Total revenue received from all sources outside Canada	4575\$	
Total interest and investment income received or earned	4580\$	21,329
Gross proceeds from disposition of assets	4590\$	
Net proceeds from disposition of assets (show a negative amount with brackets)	4600\$	
Gross income received from rental of land and/or buildings	4610\$	1,139,711
Non tax-receipted revenues received for memberships, dues, and association fees	4620\$	
Total non tax-receipted revenue from fundraising	4630\$	
Total revenue from sale of goods and services (except to government)	4640\$	
Other revenue not already included in the amounts above	4650\$	
Specify type(s) of revenue included in the amount reported at 4650 (e.g., dividends)	4655	
Total revenue (add lines 4500, 4510 to 4580, and 4600 to 4650)	4700\$	6,061,040

Expenditures:

Advertising and promotion	4800\$	
Travel and vehicle expenses	4810\$	
Interest and bank charges	4820\$	523,908
Licences, memberships, and dues	4830\$	
Office supplies and expenses	4840\$	
Occupancy costs	4850\$	
Professional and consulting fees	4860\$	109,355
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\$	
Fair market value of all donated goods used in charitable programs	4890\$	
Total cost of all purchased supplies and assets	4891\$	

Amortization of capitalized assets	4900	\$	
Total expenditure for research grants and scholarships as part of charitable programs	4910	\$	
Other expenditures not included in the amounts above (excluding gifts to qualified donees)	4920	\$	243,460
Specify type(s) of expenditures included in the amount reported at 4920	4930	Prop tax, mtge fee and insurance	
Total expenditures before gifts to qualified donees (add lines 4800 to 4920)	4950	\$	876,723

Lines 5000 to 5040 represent a breakdown of the expenditures on lines 4800 to 4920. The total of lines 5000 to 5040 should equal line 4950.

Total expenditures on charitable programs	5000	\$	
Total expenditures on management and administration	5010	\$	876,723
Total expenditures on fundraising	5020	\$	
Total expenditures on political activities, inside or outside Canada	5030	\$	
Total other expenditures included in line 4950	5040	\$	
Total amount of gifts made to all qualified donees	5050	\$	1,280,000
Total expenditures (add amounts from line 4950 and 5050)	5100	\$	2,156,723

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	\$	0
• Enter the amount disbursed for the fiscal period for the specified purpose we have permitted	5510	\$	0

Permission to reduce disbursement quota:

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

5750	\$	0
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Property not used in charitable activities

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

• The 24 months before the beginning of the fiscal period	5900	\$	17,810,618
• The 24 months before the end of the fiscal period	5910	\$	21,096,952



Directors/Trustees and Like Officials Worksheet

Enter the prescribed information for each director/trustee and like official of the Agency makes the public information section on this worksheet available to the public. Confidential data, may be shared as permitted by law (e.g. with certain other government departments and agencies). See the reverse of this form for an explanation of terms used.

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Total Number of Directors/Trustees and Like Officials:

Public information			Confidential Data		
Last name: Bromley	First name: Blake	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2004/03/14</u> End Date: _____					
Position: Director At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Cox	First name: Sherry	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2004/03/14</u> End Date: _____					
Position: Director At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Richardson	First name: Christopher	Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: <u>2004/03/14</u> End Date: _____					
Position: Director At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City:	Prov/Terr:	Postal code:
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: () -	Date of Birth (mandatory for identification):	
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City:	Prov/Terr:	Postal code:
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: () -	Date of Birth (mandatory for identification):	
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City:	Prov/Terr:	Postal code:
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: () -	Date of Birth (mandatory for identification):	
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City:	Prov/Terr:	Postal code:
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: () -	Date of Birth (mandatory for identification):	
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City:	Prov/Terr:	Postal code:
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: () -	Date of Birth (mandatory for identification):	
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶ Start Date: _____ End Date: _____			City:	Prov/Terr:	Postal code:
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone number: () -	Date of Birth (mandatory for identification):	



Qualified Donees Worksheet / Amounts I



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

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Total number of Qualified Donees/Other Organizations:

Name of organization: <input style="width:95%;" type="text" value="Chimp Foundation"/>	Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
BN/registration number: <input style="width:250px;" type="text" value="84552 8827 RR 0001"/>	City and Prov/Terr: <input style="width:100px;" type="text" value="Vancouver"/> <input style="width:50px;" type="text" value="BC"/>
Amount of gifts-in-kind: \$ <input style="width:100px;" type="text" value="0"/>	Total amount of gifts: \$ <input style="width:100px;" type="text" value="450,000"/>
Name of organization: <input style="width:95%;" type="text" value="VGH & UBC Hospital Foundation"/>	Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
BN/registration number: <input style="width:250px;" type="text" value="13217 3063 RR 0001"/>	City and Prov/Terr: <input style="width:100px;" type="text" value="Vancouver"/> <input style="width:50px;" type="text" value="BC"/>
Amount of gifts-in-kind: \$ <input style="width:100px;" type="text" value="0"/>	Total amount of gifts: \$ <input style="width:100px;" type="text" value="680,000"/>
Name of organization: <input style="width:95%;" type="text" value="Canadian Education Forum"/>	Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
BN/registration number: <input style="width:250px;" type="text" value="89107 2092 RR 0001"/>	City and Prov/Terr: <input style="width:100px;" type="text" value="Vancouver"/> <input style="width:50px;" type="text" value="BC"/>
Amount of gifts-in-kind: \$ <input style="width:100px;" type="text" value="0"/>	Total amount of gifts: \$ <input style="width:100px;" type="text" value="150,000"/>
Name of organization: <input style="width:95%;" type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: <input style="width:250px;" type="text" value="R"/>	City and Prov/Terr: <input style="width:100px;" type="text"/> <input style="width:50px;" type="text"/>
Amount of gifts-in-kind: \$ <input style="width:100px;" type="text" value="0"/>	Total amount of gifts: \$ <input style="width:100px;" type="text" value="0"/>
Name of organization: <input style="width:95%;" type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: <input style="width:250px;" type="text" value="R"/>	City and Prov/Terr: <input style="width:100px;" type="text"/> <input style="width:50px;" type="text"/>
Amount of gifts-in-kind: \$ <input style="width:100px;" type="text" value="0"/>	Total amount of gifts: \$ <input style="width:100px;" type="text" value="0"/>
Name of organization: <input style="width:95%;" type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: <input style="width:250px;" type="text" value="R"/>	City and Prov/Terr: <input style="width:100px;" type="text"/> <input style="width:50px;" type="text"/>
Amount of gifts-in-kind: \$ <input style="width:100px;" type="text" value="0"/>	Total amount of gifts: \$ <input style="width:100px;" type="text" value="0"/>
Name of organization: <input style="width:95%;" type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: <input style="width:250px;" type="text" value="R"/>	City and Prov/Terr: <input style="width:100px;" type="text"/> <input style="width:50px;" type="text"/>
Amount of gifts-in-kind: \$ <input style="width:100px;" type="text" value="0"/>	Total amount of gifts: \$ <input style="width:100px;" type="text" value="0"/>