

-2008-

REGISTERED CHARITY ADJUSTMENT REQUEST

- If you are an authorized person, you can use this form to submit changes to the information filed on Form T3010, Registered Charity Information Return, on Form TF725, Registered Charity Basic Information Sheet (BIS) and to the information as it appears on Form T1242, Registered Charity Information Return Summary. You can also use Section B to change the charity's address at any time.
- Most of the information collected on this form is available to the public, except where it is identified as confidential. To learn more about what information on Form T3010 is available to the public, see Guide T4033, Completing the Registered Charity Information Return, available at www.cra.gc.ca/charities.
- You cannot use this form to change the name, designation, or fiscal period end of the charity. You can find details about how to change this information on our Web pages, or call us at 1-800-267-2384.
- Please see the reverse side for information on how to complete this form.
- Mail or fax the completed form to our address or fax number found on the reverse side of this form.

Section A - Identification

Name of charity FORTIUS FOUNDATION	BN/registration number (##### RR#####) 835780958 RR 0001
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Section B - Change of mailing address

New address	Effective date of new address
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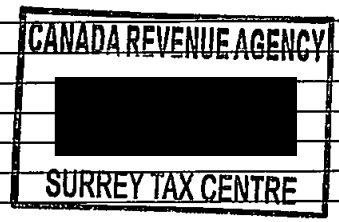
City	Province or territory	Postal code
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Section C - Form T3010 adjustment details

Use the line numbers from Form T3010 when completing this form. Changes requested using this form will result in changes to Form T3010, and, where applicable, to Form T1242 and the BIS. To make the changes, list the details of the changes you want to make below, remembering to use the line numbers from Form T3010. If a change affects more than one section of Form T3010, note the changes for each area in the table below. See the reverse of this form for examples of how to complete this section.

Indicate fiscal period end of adjustment **SEPT 30 / 2008**
 (Use a separate form for each fiscal period that requires adjustment.)

Line numbers as they appear on Form T3010	Original Information or amount	New Information or amount
5910	9,455,303	624,803



Other details or explanations (attach a separate sheet if required)
TO REDUCE THE CALCULATION OF PROPERTY NOT USED IN CHARITABLE ACTIVITIES FOR ALLOWABLE DEBT PURSUANT TO REGULATION 3702 (1) (b) (iii) OF THE INCOME TAX ACT.

Section D - Authorization and certification (confidential data)

[Redacted area for authorization and certification]

REGISTERED CHARITY ADJUSTMENT REQUEST

An authorized person may use this form to request changes to the information filed on either Form T3010 or Form T3010A, Registered Charity Information Return, and/or the Registered Charity Basic Information sheet. Section A can also be used to change the charity's address at any time.

- Changes to the public information on this form will be available to the public.
Note that this form cannot be used to change the name, designation, or fiscal period end of the charity. Refer to our publication called RC4108, Registered Charities and the Income Tax Act, for details on how to amend this information or call us at 1-800-267-2384 (English) or 1-888-892-5667 (bilingual).
See the back for information on how to complete this form.
Mail or fax us the completed form. The address and fax number are on the back of this form.

3037178

Section A - Identification

Name of charity: Multisport Centre of Excellence Foundation; BN/registration number: 83578 0958 RR 0001

Section B - Change of Address

Address: Suite 1555 1500 West Georgia Street; Effective date of new address: 2008/12/15

City: Vancouver; Province or territory: BC; Postal code: V6G 2Z6

Section C - T3010 or T3010A, Adjustment Details

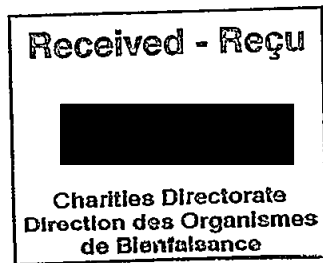
Using information from the charity's information return and/or summary, list the details of the requested changes you want to make below. If a change affects more than one section of the return, note the changes for each area on this form. See the back of this form for examples of how to complete this section.

Indicate fiscal period end of adjustment request yyyy/mm/dd 2008

Table with 3 columns: Line number from return, Details of the original information or amount, Details of the new information or amount.

Other details or explanations

Section D - Authorization and Certification



Section A - Identification

- To complete this form, you will need the guide called *Completing the Registered Charity Information Return, T4033A*.
- The *Privacy Act* protects personal information given on this form, which is kept in a personal information bank.
- Except for yes/no questions, if a question does not apply to your charity, please leave it blank.

Please attach a bar code label here before you mail this return. If no label, enter:

1. Fiscal Period Ending
Year Month Day

2. BN/registration number
RC-08-806

A1 Has the charity made any changes to its governing documents during the fiscal period (e.g., letters patent, articles of incorporation, constitution, trust, or by-laws)? (If yes, see the guide.) Yes No

A2 Was the charity an internal division regulated by the governing documents of another charity (i.e., it had no governing documents establishing its independent existence)? If yes, what is the name and BN/registration number of the other charity? Yes No

Name	<input type="text" value="REDACTED"/>	BN/registration number (#####-####RR#####) RR
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A3 Was the charity linked in a subordinate way to a provincial, national, or international organization? If yes, what is the name of this organization and its BN/registration number (if applicable)? Yes No

Name	<input type="text" value="Operations de soutien à la gestion des dossiers / Unité des organismes de bienfaisances"/>	BN/registration number (#####-####RR#####) RR
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A4 Has the charity wound-up, dissolved, or terminated operations? (If yes, see the guide.) Yes No

A5 Has the charity amalgamated, merged, or consolidated with another organization? (If yes, see the guide.) Yes No

Section B - Directors/Trustees and Like Officials

B1 You must attach a list with the last name, first name, and initial of each director/trustee and like official, home address (including street number, street name, city, province or territory, and postal code), position in the charity, whether or not they were a director/trustee at the end of the fiscal period, telephone number, if they are at arm's length from all other members of the governing board and their date of birth. Only the **Public information** section on the worksheet is available to the public. The **Confidential information** section is for the CCRA's use only and remains confidential. Use the worksheet included in the guide or a sheet with the same information in the same format to enter this information, and attach it to this return. See the guide for an explanation of the term arm's length. Have you attached the list required above? Yes No

Section C - Programs and General Information

C1 Was the charity inactive during the fiscal period? If yes, please explain why in the "Ongoing programs" space below. Yes No

C2 Describe how the charity carried out its charitable purposes during the fiscal period. Give detailed information so a reader can clearly understand what the charity actually did to fulfill its mandate. Describe the charity's ongoing programs and new programs in the spaces provided below. Do not attach additional sheets of paper or annual reports. Do not include a description of fundraising activities in this section. Grant-making charities should describe the types of organizations they support. Please number each program. (See the guide for instructions on how to describe your programs.)

Ongoing programs
It made gifts to Qualified Donees.
New programs

C3 For programs carried on in Canada, check the appropriate box to show where the programs were carried on.
2000 A single rural, city, or metropolitan area 2010 Provincially or territorially 2020 In more than one province or territory

- C4 Did the charity carry on programs, directly or indirectly, outside Canada? Yes No
 If yes, were any carried out:
 - by employees or volunteers of the charity? Yes No
 - under agency agreement, contract, joint-venture, or similar arrangements? Yes No
 - through gifts to qualified donees? Yes No
 - by other means? Yes No

C5 For programs the charity managed directly, outside of Canada, list the countries or regions where programs were carried on. Do not include countries or regions where programs were managed by a qualified donee.

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C6 Did the charity issue scholarships, bursaries, awards, prizes, or honoraria to an individual during the fiscal period? Yes No

C7 A charity may pursue political activities that are non-partisan, related to its charitable purposes, and limited in extent. During the fiscal period, did the charity carry out political activities or provide assistance to another organization to carry out political activities? (See the guide for information on political activities.) Yes No

- C8 If the charity carried on fundraising activities, check all fundraising methods that it used during the fiscal period.
- | | | |
|---|--|--|
| 2500 <input type="checkbox"/> Advertisements/posters/flyers/radio or TV commercials | 2560 <input type="checkbox"/> Fundraising dinners/galas/concerts | 2620 <input type="checkbox"/> Telephone solicitations |
| 2510 <input type="checkbox"/> Auctions | 2570 <input type="checkbox"/> Fundraising sales (e.g., cookies, chocolate) | 2630 <input type="checkbox"/> Tournaments/sporting events |
| 2520 <input type="checkbox"/> Bingo/casino nights | 2580 <input type="checkbox"/> Mail campaigns | 2640 <input type="checkbox"/> Walk-a-thons/bike-a-thons (etc.) |
| 2530 <input type="checkbox"/> Collection plates/boxes | 2590 <input type="checkbox"/> Planned-giving programs | 2650 <input type="checkbox"/> Other |
| 2540 <input type="checkbox"/> Door-to-door solicitation | 2600 <input type="checkbox"/> Targeted corporate donations/sponsorships | 2660 <input type="checkbox"/> Specify: _____ |
| 2550 <input type="checkbox"/> Draws/lotteries | 2610 <input type="checkbox"/> Targeted contacts | |

C9 Did the charity use incentive-based compensation (e.g., bonuses, commissions, finder's fees, honoraria) for fundraisers? Yes No
 If yes, were these incentives paid to:

- contracted fundraisers? Yes No
- staff or volunteers? Yes No

C10 Did the charity charge fees for, or otherwise receive regular revenue from goods, services, or the use of the charity's assets? Yes No

C11 Did the charity make gifts to qualified donees? Yes No
 If yes, you must attach a list with the name of each qualified donee and its location, BN/registration number, the total amount of the gift for the fiscal period, the amount, if any, of specified gifts, and whether or not it is an associated charity. List the qualified donees in the order of the total amount of the gifts made, starting with the largest. Use the worksheet included in the guide or a sheet with the same information in the same format and attach it to this return.

- C12 If the charity received non-cash gifts (gifts in kind) for which it issued tax receipts, check all the types of gifts that apply.
- | | | |
|---|--|---|
| 3000 <input type="checkbox"/> Artwork/wine/jewellery | 3040 <input type="checkbox"/> Cultural property | 3080 <input type="checkbox"/> Publicly-traded securities/mutual funds |
| 3010 <input type="checkbox"/> Building materials | 3050 <input type="checkbox"/> Ecological property | 3090 <input type="checkbox"/> Privately-held securities |
| 3020 <input type="checkbox"/> Clothing/furniture/food | 3060 <input type="checkbox"/> Machinery/equipment (including computers/software) | 3100 <input type="checkbox"/> Other |
| 3030 <input type="checkbox"/> Vehicles | 3070 <input type="checkbox"/> Hedge funds/life insurance policies | 3110 <input type="checkbox"/> Specify: _____ |

Section D – Compensation

Note: Compensation includes all forms of remuneration (e.g., salaries, fees, and honoraria) and benefits (e.g., personal use of a car or office space).

- D1 On average, how many permanent, full-time, compensated positions did the charity have in the fiscal period?
- D2 For the five highest compensated positions indicate the number of positions in each of the following annual compensation categories. Include only those positions that are permanent, full-time positions.
- | | | | | | | | |
|------------------------------------|--------------|------------------------------------|-------------------|------------------------------------|--------------------|------------------------------------|--------------------|
| 3700 <input type="text" value=""/> | \$1–\$39,999 | 3710 <input type="text" value=""/> | \$40,000–\$79,999 | 3720 <input type="text" value=""/> | \$80,000–\$119,999 | 3730 <input type="text" value=""/> | \$120,000 and over |
|------------------------------------|--------------|------------------------------------|-------------------|------------------------------------|--------------------|------------------------------------|--------------------|
- D3 On average, how many part-time or part-year employees did the charity employ in the fiscal period?
- D4 What was the total expenditure on compensation for part-time or part-year employees in the fiscal period?
- D5 Did the charity compensate any of its directors/trustees or like officials, during the fiscal period? Yes No
- D6 Except for compensation, did the charity, directly or indirectly, transfer any part of its income or assets to individuals or organizations not at arm's length to the charity? Yes No

Section E – Financial Information

E1 Was the financial information reported below prepared on an accrual or cash basis? **4020** Accrual Cash

E2 Please show figures to the nearest single dollar. Do not show cents. See the guide for an explanation of the terms.

Assets			Liabilities		
Cash, bank accounts, and short-term investments	4100	931,005	Accounts payable and accrued liabilities	4300	2,584,089
Amounts receivable from non-arm's length parties	4110	537,646	Deferred revenue	4310	
Amounts receivable from all others	4120		Amounts owing to non-arm's length parties	4320	17,403,300
Investments in non-arm's length parties	4130		Other liabilities	4330	
Long-term investments	4140		Total liabilities (add lines 4300 to 4330)	4350	19,987,389
Inventories	4150				
Capital assets (at cost or fair market value)	4160	15,293,180			
Other assets	4170	2,686,422	Amount included in lines 4150, 4160, and 4170 not used in charitable programs	4250	17,979,602
Total assets (add lines 4100 to 4170)	4200	19,448,253			

E3 Please show figures to the nearest single dollar. Do not show cents. See the guide for an explanation of the terms.

Revenue					
Total eligible amount of tax-receipted gifts				4500	
Total amount received from other registered charities				4510	
Total specified gifts included in line 4510	4520				
Total enduring property included in line 4510 (See the guide.)	4525				
Total other gifts				4530	
Revenue from federal government	4540				
Revenue from provincial/territorial governments	4550				
Revenue from municipal/regional governments	4560				
Total revenue from government (add lines 4540, 4550, and 4560)				4570	
Interest and investment income				4580	46,356
Proceeds from disposition of assets	gross 4590	5,212,074	net 4600		(264,370)
Rental income (land and buildings)				4610	
Memberships, dues, and association fees (non tax-receipted)				4620	
Total revenue from fundraising				4630	
Total revenue from sale of goods and services (except to government)				4640	
Other revenue				4650	
Total revenue (add lines 4500, 4510, 4530, 4570, 4580, and 4600 to 4650)				4700	(218,014)
Expenditures (Enter all expenditures, whether or not on charitable programs)					
Advertising and promotion				4800	
Travel and vehicle				4810	268,831
Interest and bank charges				4820	
Licences, memberships, and dues				4830	
Office supplies and expenses				4840	
Occupancy costs				4850	
Professional and consulting fees				4860	49,562
Education and training for staff and volunteers				4870	
Salaries, wages, benefits, and honoraria				4880	
Donated and purchased supplies and assets expensed for the fiscal period				4890	
Amortization of capitalized assets				4900	
Research grants and scholarships as part of charitable programs				4910	
Other expenditures				4920	1,229
Total expenditures before gifts to qualified donees (add lines 4800 to 4920)				4950	319,622
Total charitable programs expenditures included in line 4950				5000	
Total management and administration expenditures included in line 4950				5010	319,622
Total fundraising expenditures included in line 4950				5020	
Total political activity expenditures included in line 4950				5030	
Total other expenditures included in line 4950				5040	
Total gifts to qualified donees excluding enduring property				5050	1,500
Total enduring property transferred to qualified donees (See the guide.)				5060	
Total specified gifts to qualified donees (See the guide.)				5070	
Total expenditures (add lines 4950, 5050, 5060 and 5070)				5100	321,122

Section F – Other Required Information

F1 What were the total expenditures on programs outside Canada during the fiscal period, excluding gifts to qualified donees? 5400 \$

F2 If the charity retained contracted fundraiser(s), enter:

a. the gross revenues collected by the fundraiser(s) on behalf of the charity 5450 \$

b. the amounts paid to and/or retained by the fundraiser(s) 5460 \$

c. the net fundraising revenue received by the charity (line 5450 minus line 5460) 5470 \$

F3 If the charity has written permission to accumulate property, enter:

• the amount accumulated for the fiscal period, including income earned for the fiscal period on previously accumulated funds 5500 \$

• the amount disbursed for the fiscal period for the specified purpose we have granted permission for 5510 \$

• the amount deemed to be a tax-receipted gift for the fiscal period 5520 \$

F4 Of the tax-receipted gifts received by the charity for the fiscal period, enter:

• the total eligible amount of tax-receipted non-cash gifts (gifts in kind) 5600 \$

• the total eligible amount of tax-receipted tuition fees 5610 \$

• the total eligible amount of tax-receipted enduring property 5640 \$

F5 Enter the amount, if any, of enduring property spent in the fiscal period. (See the guide.) 5710 \$

F6 Enter the capital gains from the disposition of enduring property in the fiscal period. (See the guide.) 5720 \$

F7 Is the charity claiming an amount that is less than the maximum capital gains reduction? (See the guide.) 5730 Yes No

If yes, enter the amount from line 11 of form T1259. (See the guide.) 5740 \$

F8 If the charity is taking a special reduction, which we have approved, to its disbursement quota, enter the special reduction amount for the fiscal period. 5750 \$

F9 Did the charity acquire a non-qualifying security or allow a donor to use any of the charity's property under the circumstances described in the guide during the fiscal period? 5800 Yes No

F10 Indicate the average value of property not used for charitable activities or administration during:

• the 24 months before the beginning of the fiscal period 5900 \$

• the 24 months before the end of the fiscal period 5910 \$ 9,455,303

Section G – For Foundations Only

Note: See the guide for an explanation of the terms and requirements of this section.

G1 In the fiscal period, did the foundation acquire control of a share-capital or for-profit corporation? 6000 Yes No

G2 Did the foundation incur debts at any time during the fiscal period other than for current operating expenses, in purchasing or selling investments, or in administering charitable programs? 6100 Yes No

G3 For private foundations only: At any time during the fiscal period, did the foundation hold any shares, rights to acquire such shares, or debts owing to it that meet the definition of a non-qualified investment? 6150 Yes No

Section H – Certification

H1 To be completed by a director/trustee or like official 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 attachments is, to the best of my knowledge, correct, complete, and current.

Name (please print) Loyal Makaroff Position in charity Director

Signature [Redacted] Date signed 2009/01/26

Section I – Confidential Data

I1 Physical location (address) of the charity (Do not use rural route or post office box numbers.)

Number, street, apt. no., or lot and concession no. [Redacted]

City [Redacted]

Province or territory and postal code [Redacted]

I2 Location of the charity's books and records

Number, street, apt. no., or lot and concession no. [Redacted]

City [Redacted]

Province or territory and postal code [Redacted]

I3 Name and address of the person who completed this return

Name [Redacted]

Firm name (if applicable) [Redacted]

Number, street, apt. no., R.R. no., or P.O. box no. [Redacted]

City [Redacted]

Province or territory and postal code [Redacted]

Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like official, home address (including street number, street name, city, province or territory and postal code), position in the charity, whether or not they were a director/trustee at the end of the fiscal period, telephone number, whether or not they are at arm's length from all other members of the charity's Board of Directors/Trustees and their date of birth. Only the "Public information" section of the worksheet is made available to the public. The "Confidential information" section is for CCRA's use only and remains confidential. See the guide for an explanation of the term arm's length.

Public information			Confidential information					
Last name: Bell	First name: Ken	Initial:						
Position in charity: Director	Director/Trustee at year end? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Last name: Makaroff	First name: Loyal	Initial:						
Position in charity: Director	Director/Trustee at year end? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Last name: Cousens	First name: Scott	Initial:						
Position in charity: Director	Director/Trustee at year end? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Last name:	First name:	Initial:				Street number and name:	City:	
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No				Province or territory:	Postal code:	Telephone number:
						Date of birth:	() -	
Last name:	First name:	Initial:				Street number and name:	City:	
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal code:	Telephone number:			
			Date of birth:	() -				
Last name:	First name:	Initial:	Street number and name:	City:				
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal code:	Telephone number:			
			Date of birth:	() -				
Last name:	First name:	Initial:	Street number and name:	City:				
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal code:	Telephone number:			
			Date of birth:	() -				
Last name:	First name:	Initial:	Street number and name:	City:				
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal code:	Telephone number:			
			Date of birth:	() -				
Last name:	First name:	Initial:	Street number and name:	City:				
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal code:	Telephone number:			
			Date of birth:	() -				

Qualified Donees Worksheet

Provide the name of each qualified donee, whether or not it is an associated charity, its location, BN/registration number, the total amount of the gifts for the fiscal period, the amount, if any, of specified gifts. List the qualified donees in the order of the total amount of the gifts made, starting with the largest. Round numbers to nearest single dollar.

Total number of qualified donees

Name of qualified donee: <input type="text" value="BC Sports Medicine Research Foundation"/>	Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Location: <input type="text" value="Burnaby BC"/>	BN/registration number: <input type="text" value="86744 4564 RR 0001"/>	Total amount of gifts: <input type="text" value="1,500"/>	Amount of specified gifts: <input type="text" value="0"/>
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Name of qualified donee: <input type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Location: <input type="text"/>	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"/>
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Name of qualified donee: <input type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Location: <input type="text"/>	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"/>
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Name of qualified donee: <input type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
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Location: <input type="text"/>	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"/>
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Name of qualified donee: <input type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
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Location: <input type="text"/>	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"/>
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Name of qualified donee: <input type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Location: <input type="text"/>	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"/>
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Name of qualified donee: <input type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Location: <input type="text"/>	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"/>
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Name of qualified donee: <input type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Location: <input type="text"/>	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"/>
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Name of qualified donee: <input type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Location: <input type="text"/>	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: <input type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Location: <input type="text"/>	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"/>
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