

FOUNDATION FOR PUBLIC GOOD

BALANCE SHEET

as at May 31,
(Unaudited)

ASSETS	2021	2020
Bank	\$ 2,717.90	\$ 78,751.52
Trust account	0.00	0.00
GST Receivable	117.25	243.19
Total Assets	\$ 2,835.15	\$ 78,994.71
Accounts Payable	\$ 0.00	\$ 81,232.31
Loan Payable	120,000.00	120,000.00
Total Liabilities	\$ 120,000.00	\$ 201,232.31

STATEMENT OF CHANGES IN SURPLUS

Balance at Beginning of Period	\$ (122,237.60)	\$ (184,222.77)
Increase (Decrease) during period	5,072.75	61,985.17
Surplus at End of Period	\$ (117,164.85)	\$ (122,237.60)
Liabilities & Equity	\$ 2,835.15	\$ 78,994.71

Approved by:



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FOUNDATION FOR PUBLIC GOOD

STATEMENT OF RECEIPTS AND DISBURSEMENTS for the period ended May 31, (Unaudited)

RECEIPTS	2021	2020
Donations - Other Charities	\$ 10,000.00	\$ 72,000.00
Interest Income	0.00	2.08
Miscellaneous Income	0.00	72.00
Gain (Loss) on sale of property	0.00	0.00
Total Receipts	\$ 10,000.00	\$ 72,074.08
DISBURSEMENTS		
Gifts to Qualified Donees	\$ 0.00	\$ 0.00
Consulting expenses	\$ 0.00	\$ 8,627.94
Accounting and Legal	4,877.25	1,382.75
Insurance expense	0.00	0.00
Property tax	0.00	0.00
Bank charges	50.00	78.22
Total Disbursements	\$ 4,927.25	\$ 10,088.91
SURPLUS		
Increase (Decrease) during Period	\$ 5,072.75	\$ 61,985.17

FOUNDATION FOR PUBLIC GOOD

STATEMENT OF CASH FLOW for the period ended May 31, (Unaudited)

OPERATING ACTIVITIES	2021	2020
Excess (Deficiency) of revenue over expenses	\$ 5,072.75	\$ 61,985.17
Changes in non-working capital:		
Accounts receivable	125.94	5,892.06
Accounts payable	(81,232.31)	6,821.88
INCREASE (DECREASE) IN CASH FLOW	\$ (76,033.62)	\$ 74,699.11
Cash - beginning of year	78,751.52	4,052.41
Cash - end of year	\$ 2,717.90	\$ 78,751.52

COPY 1



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: 5

Place bar code label here

Public Information	Confidential data
Last name: Hammond First name: Lols Initial:	
Term ▶ Start date (Y/M/D): 2 0 2 0 1 1 2 4 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 8 2 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: Wilms First name: Dennis Initial:	
Term ▶ Start date (Y/M/D): 2 0 1 3 0 8 1 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: Brandlmayr First name: Leslie Initial:	
Term ▶ Start date (Y/M/D): 2 0 1 0 1 0 0 7 End date (Y/M/D): 2 0 2 0 0 8 2 0	
Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: Salas-Sanchez First name: Alexander Initial:	
Term ▶ Start date (Y/M/D): 2 0 1 3 0 1 2 5 End date (Y/M/D): 2 0 2 0 0 8 2 0	
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 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):	
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):	
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):	
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):	

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FOUNDATION FOR PUBLIC GOOD



Registered Charity Information Return

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Section A: Identification

To help you fill out this form, refer to Guide T4033, Completing the Registered Charity Information Return. It can be found at canada.ca/cra-forms.

Note: Even if a charity is inactive, an information return must be filed to maintain its registered status.

Complete the following:

1. Charity name:

FOUNDATION FOR PUBLIC GOOD

2. Return for fiscal period ending:

Year	Month	Day
2021	05	31

3. BN/registration number:

85277 0601 RR 0001

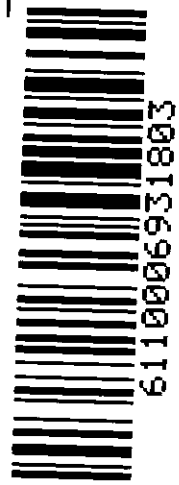
4. Web address (if applicable):

A1 Was the charity in a subordinate position to a head body? Yes No
If yes, give the name and BN/registration number of the organization.

Name: _____ BN (9 digits, 2 letters, 4 digits. Example: 123456789RR0001)

A2 Has the charity wound-up, dissolved, or terminated operations? Yes No
Designated as a public foundation or private foundation? Yes No

To complete Schedule 1, Foundations. To confirm the charity's designation, go to the CRA's List of charities and refer to the charity's



Directors, trustees and like officials

At complete Form T1235, Directors/Trustees and Like Officials Worksheet. Only the public information section of the worksheet is public. Charities subject to the Ontario Corporations Act must also complete Form RC232, Corporations Information Act Annual Return for Profit Corporations.

Programs and general information

Active during the fiscal period? Yes No
Why in the "Ongoing programs" space below at C2.

Ongoing and new charitable programs the charity carried on during this fiscal period to further its purpose(s) (as defined in its governing documents) includes all of the charitable activities that the charity carries out on its own through employees or volunteers as well as through agents and intermediaries. The charity may also use this space to describe the contributions of its volunteers in carrying out its activities, for example, the number of volunteers and/or hours. Do not include the names of employees or volunteers. Grant-making charities should describe the types of grant support. Do not describe fundraising activities in this space.

Additional sheets of paper or annual reports.

Ongoing programs:
Making gifts to Qualified Donees

New programs:

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