



Qualified Donees Worksheet / Amounts P

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

22 2012-08-31 832447254 RR 0001 3042832

Total number of Qualified Donees/Other Organizations: 1

Name of organization: Fortius Foundation	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: 83578 0958 RR 0001	City and Prov/Terr: Vancouver BC
Amount of gifts-in-kind: \$ 0	Total amount of gifts: \$ 1,000,000
Name of organization:	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: RR	City and Prov/Terr:
Amount of gifts-in-kind: \$ 0	Total amount of gifts: \$ 0
Name of organization:	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: RR	City and Prov/Terr:
Amount of gifts-in-kind: \$ 0	Total amount of gifts: \$ 0
Name of organization:	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: RR	City and Prov/Terr:
Amount of gifts-in-kind: \$ 0	Total amount of gifts: \$ 0
Name of organization:	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: RR	City and Prov/Terr:
Amount of gifts-in-kind: \$ 0	Total amount of gifts: \$ 0
Name of organization:	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: RR	City and Prov/Terr:
Amount of gifts-in-kind: \$ 0	Total amount of gifts: \$ 0
Name of organization:	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: RR	City and Prov/Terr:
Amount of gifts-in-kind: \$ 0	Total amount of gifts: \$ 0



Qualified donees worksheet / Amounts pr

Registered charities can make gifts to qualified donees. Enter the required information for each gift on filling out this form.

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Total number of qualified donees/other organizations:

Name of organization: <input type="text" value="Fortius Foundation"/>	Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
BN/registration number: <input type="text" value="83578 0958 RR 0001"/>	City and Prov/Terr: <input type="text" value="Vancouver"/> <input type="text" value="BC"/>
Amount of gifts-in-kind: \$ <input type="text" value="0"/>	Total amount of gifts: \$ <input type="text" value="1,100,000"/>
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter amount \$ <input type="text" value="0"/>	
Name of organization: <input type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: <input type="text" value="RR"/>	City and Prov/Terr: <input type="text"/>
Amount of gifts-in-kind: \$ <input type="text" value="0"/>	Total amount of gifts: \$ <input type="text" value="0"/>
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$ <input type="text" value="0"/>	
Name of organization: <input type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: <input type="text" value="RR"/>	City and Prov/Terr: <input type="text"/>
Amount of gifts-in-kind: \$ <input type="text" value="0"/>	Total amount of gifts: \$ <input type="text" value="0"/>
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$ <input type="text" value="0"/>	
Name of organization: <input type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: <input type="text" value="RR"/>	City and Prov/Terr: <input type="text"/>
Amount of gifts-in-kind: \$ <input type="text" value="0"/>	Total amount of gifts: \$ <input type="text" value="0"/>
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$ <input type="text" value="0"/>	
Name of organization: <input type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: <input type="text" value="RR"/>	City and Prov/Terr: <input type="text"/>
Amount of gifts-in-kind: \$ <input type="text" value="0"/>	Total amount of gifts: \$ <input type="text" value="0"/>
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$ <input type="text" value="0"/>	
Name of organization: <input type="text"/>	Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No
BN/registration number: <input type="text" value="RR"/>	City and Prov/Terr: <input type="text"/>
Amount of gifts-in-kind: \$ <input type="text" value="0"/>	Total amount of gifts: \$ <input type="text" value="0"/>
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$ <input type="text" value="0"/>	