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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: Sea to Sky Foundation		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Squamish, BC			
BN/registration number: 888963519	Total amount of gifts: \$ 45175,000.00	Amount of specified gifts: \$	

Name of qualified donee: Quest University Canada		Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Squamish, BC			
BN/registration number: 864070859	Total amount of gifts: \$ 70,000.00	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	

Name of qualified donee:		Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:			
BN/registration number:	Total amount of gifts: \$	Amount of specified gifts: \$	