

Qualified donees worksheet / Amounts provided to other organizations

Registered charities can make gifts to qualified donees. Enter the required information for gifts made to each qualified donee or other organization. See the reverse for information on filling out this form.

Charity name: Stewards' Charitable Foundation	BN# (9 digits, 2 letters, 4 digits. Example: 123456789RR0001) 86917 9861 RR 0001
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Total number of qualified donees/other organizations:

Name of organization: CHIMP: Charitable Impact Foundation (Canada)	Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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BN/Registration number: 84552 8827 RR 0001	City and Prov/Terr: Vancouver BC	Country: CAN
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Amount of non-cash gifts \$	Total amount of gifts \$	1,000,000
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Name of organization: Virtual Vancouver Foundation	Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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BN/Registration number: 81338 1415 RR 0004	City and Prov/Terr: Vancouver BC	Country: CAN
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Amount of non-cash gifts \$	Total amount of gifts \$	100,000
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Name of organization:	Associated charity: <input type="checkbox"/> Yes <input type="checkbox"/> No
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BN/Registration number:	City and Prov/Terr:	Country:
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Amount of non-cash gifts \$	Total amount of gifts \$	
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Name of organization:	Associated charity: <input type="checkbox"/> Yes <input type="checkbox"/> No
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BN/Registration number:	City and Prov/Terr:	Country:
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Amount of non-cash gifts \$	Total amount of gifts \$	
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Name of organization:	Associated charity: <input type="checkbox"/> Yes <input type="checkbox"/> No
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BN/Registration number:	City and Prov/Terr:	Country:
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Amount of non-cash gifts \$	Total amount of gifts \$	
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Name of organization:	Associated charity: <input type="checkbox"/> Yes <input type="checkbox"/> No
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BN/Registration number:	City and Prov/Terr:	Country:
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Amount of non-cash gifts \$	Total amount of gifts \$	
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## Steward's Charitable Foundation

### BALANCE SHEET as at August 31, (Unaudited)

<b>ASSETS</b>	<b>2020</b>	<b>2019</b>
<b>Current</b>		
Cash in Bank	\$ 1,175.61	\$ 101,522.55
Short term investments - shares	1,076,896.00	51,896.00
FMV adjustment	(438,523.00)	0.00
PN # 1	0.00	1,000,000.00
PN # 2	100,095.00	0.00
Interest Receivable	34,082.25	26,520.54
Interest Receivable	7,613.18	0.00
GST rebate	8.50	19.00
	<u>\$ 781,347.54</u>	<u>\$ 1,179,958.09</u>
<b>Total Assets</b>		
	<u>\$ 781,347.54</u>	<u>\$ 1,179,958.09</u>
<b>LIABILITIES</b>		
Accounts Payable	\$ 357.00	\$ 0.00
	<u>\$ 357.00</u>	<u>\$ 0.00</u>

### STATEMENT OF CHANGES IN SURPLUS

Balance at Beginning of Period	\$ 1,179,958.09	\$ 1,153,890.20
Increase during period	(398,967.55)	26,067.89
	<u>\$ 780,990.54</u>	<u>\$ 1,179,958.09</u>
<b>Surplus at End of Period</b>		
	<u>\$ 780,990.54</u>	<u>\$ 1,179,958.09</u>
<b>Liabilities and Surplus</b>		
	\$ 781,347.54	\$ 1,179,958.09

Approved by:

## Steward's Charitable Foundation

### STATEMENT OF RECEIPTS AND DISBURSEMENTS

for the period ended August 31,

(Unaudited)

RECEIPTS	2020	2019
Received Donation	\$ 0.00	\$ 0.00
Interest income	15,174.89	40,000.00
Donations from other Charities	1,125,000.00	0.00
G/L on portfolio	<u>(438,523.00)</u>	<u>(12,974.00)</u>
<b>Total Receipts</b>	<b>\$ 701,651.89</b>	<b>\$ 27,026.00</b>
<b>DISBURSEMENTS</b>		
Administrative Expenses		
Gifts to Qualified Donee	\$ 1,100,000.00	\$ 0.00
Accounting and Legal fees	348.50	819.00
Interest and Bank fees	<u>270.94</u>	<u>139.11</u>
<b>Total Disbursements</b>	<b>\$ 1,100,619.44</b>	<b>\$ 958.11</b>
Net Surplus from Operations	\$ (398,967.55)	\$ 26,067.89



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: 3

Place bar code label here

Public information	Confidential data
Last name: <b>Brandmayr</b> First name: <b>Leslie</b> Initial: _____ Term ▶ Start date (Y/M/D): <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">9</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> End date (Y/M/D): _____ Position: <b>director</b> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	[REDACTED]
Last name: <b>Lavallee</b> First name: <b>Caitlin</b> Initial: _____ Term ▶ Start date (Y/M/D): <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">9</span> <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">4</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">6</span> End date (Y/M/D): _____ Position: <b>Director</b> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: <b>Britton</b> First name: <b>Nadine</b> Initial: _____ Term ▶ Start date (Y/M/D): <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">9</span> <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">4</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> <span style="border: 1px solid black; padding: 0 2px;">0</span> End date (Y/M/D): _____ Position: <b>Director</b> 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	
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	
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